

Name in Full

Certificate of Death

Town

County

Died at

Mount Vernon town in MARYLAND

Date 19

13

Month

5

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband
of

wife

Catherine Bumberger

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Immediate

Pneumonia

3 days

Death

Accident, Suicide, Homicide

Reported by

John Weston Miller

Address

1400 1st Street and

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J. H. Baughman
Sub-Pdg

Mary Geneva Barkdoll

Died at Greeneburg
Town

County
Washington

MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date <u>1903</u>	<u>5</u>	<u>31</u>	<u>1</u>	<u>20</u>		<u>Md</u>	—
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of —
Wife —

Father's Name	William Barkdoll	Mother's Name	Rosa Kretzinger
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Cause of Death	Primary	Acute Congestive Tungs.	How long sick
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Death	Immediate	Carbonic Acid Gas poisoning	Accident, Suicide, Homicide
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Reported by Mr. J. M. Stick

Address Springfield Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Magdaline Baier

CERTIFICATE OF DEATH

TO BE ANSWERED BY

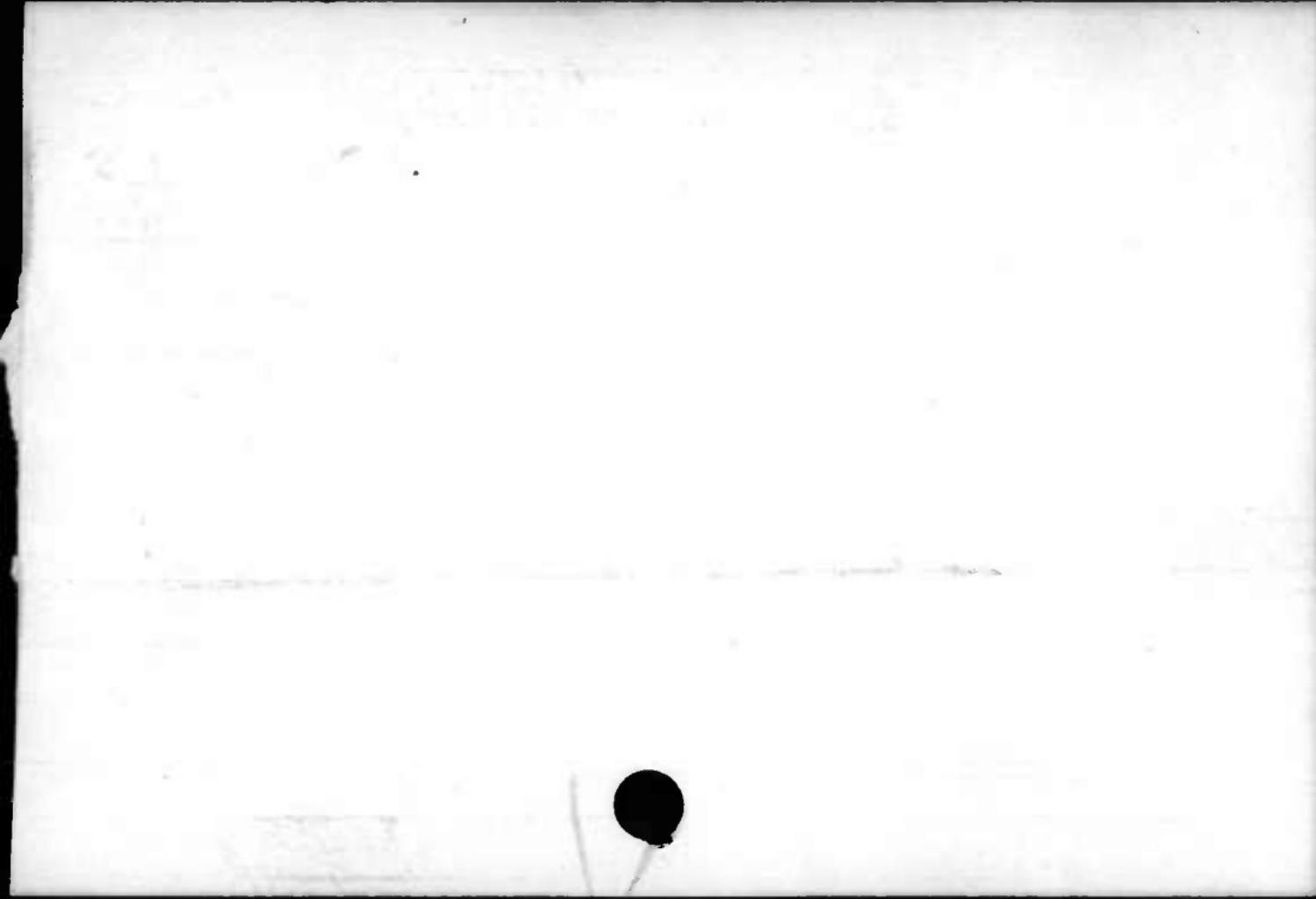
NEAREST FRIEND

Died at	Town	County	State		
Locust Grove		Washington	Ma	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1903	5	10	85-	6	5
Sex	Color or Race	Occupation			
Female	White	House Wife			
Married, Single or Widowed					
Widowed					
Name of Wife or Husband	David Baier				
Father's Name	John Huffer				
Mother's Maiden Name	Miss Anna				
Name of person giving information	John Baier				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age		How long
immediate	Cerebral Pneumonia		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	G.D. Baker
		Address	Rohresville, Md.
Accident or Suicide?			



Name in Full

Certificate of Death

Willie Belis Berens.

Town

County

MARYLAND

Died at

Hancock

Washington

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 03

5 28

Age -

10

nd

None.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

Wife

Father's

Name

Mother's

Maiden Name

How long sick

Cause of

Primary

Cystic fibrosis.

Death

Immediate

18

Accident, Suicide, Homicide

Reported by

P.C. Slegers

Address

Hancock, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Jacob Blue Baker						No 138 CERTIFICATE OF DEATH
Died at		Town	County		MARYLAND	
Date of death 1903	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age 83	Birth-place	Chambersburg	
Married, Single or Widowed	Widowed		Occupation	Farmer		
Name of Wife or Husband	Lidy Templeton					
Father's Name	Isaac Bluebaker		Father's Birthplace	Powers		
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information	Mrs Catherine Gubler		How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General Debility 1st

How long

House work

Immediate

Prostration

How long

Sundays

Are the name, age, sex, color, date and place correctly given above?

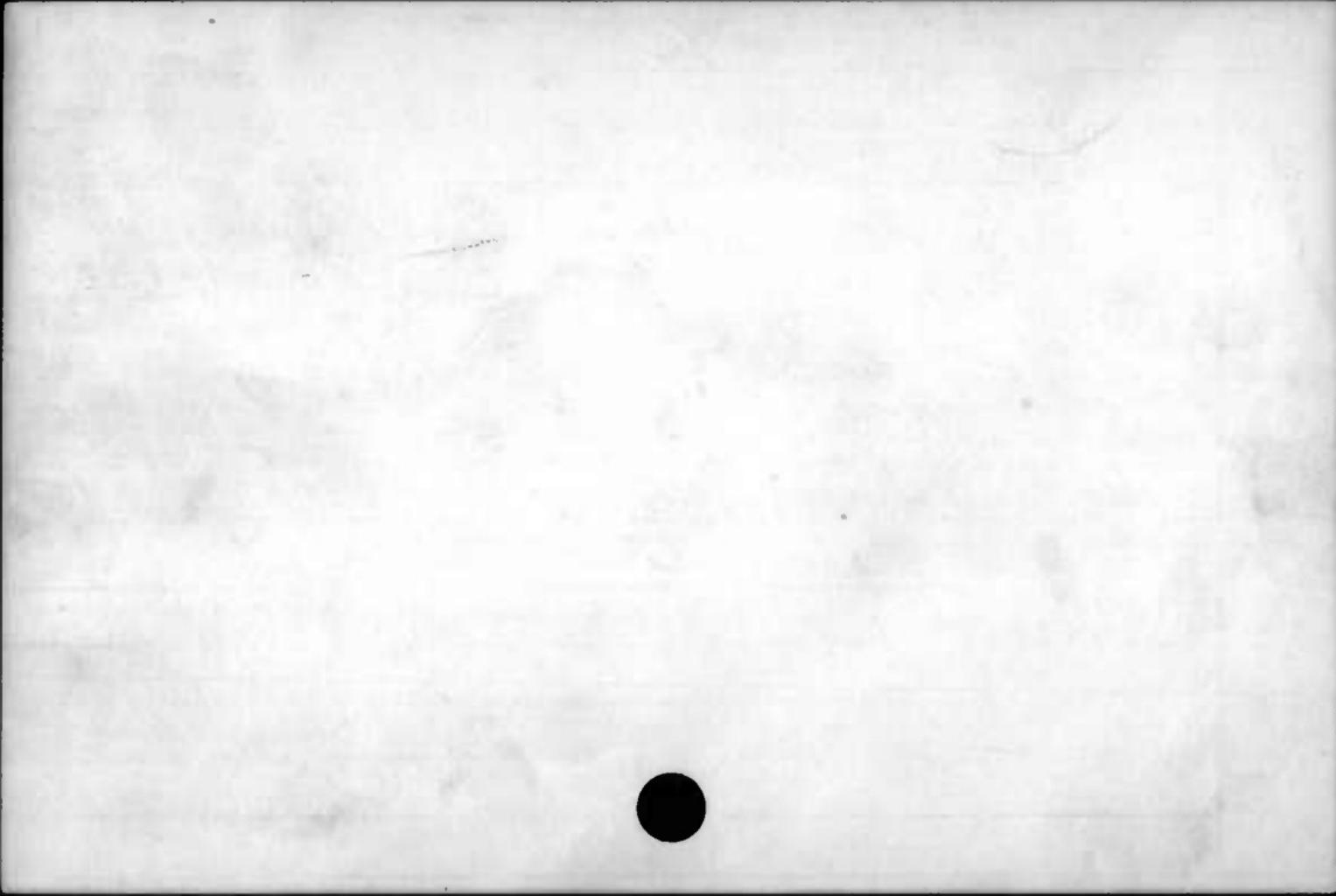
Yes

Signature of Physician

Address

D. Richardson
Williamsport, Pa.

Accident or Suicide?



Name
in
Full

Mrs Mary Leizzie Bralley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month May	Day 17 th	Years 47	Months 0	Days 1
Sex Female	Color or Race White	Birth-place Maryland			
Married, Single or Widowed	Divorced		Occupation		
Name of Wife or Husband	J. Herbert Bralley				
Father's Name	John Dowall Sweet		Father's Birthplace	Germany	
Mother's Maiden Name	Mary Z. Spangler		Mother's Birthplace	Maryland	
Name of person giving Information	Mrs Adie Dunn		How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	q3	How long	One week
Immediate	Exhaustion		How long	several days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	E. G. O. Ragan
			Address	Neagles Town Md.
Accident or Suicide?				



Name in Full

Certificate of Death

Henry Clay Burgeau

Town

County

Died at

Dam #4

wash.

MARYLAND

Month

Day

Y.

M.

D.

Date

1903 May 7.

Age

61-3-12

Native of

W. Va.

Occupation

Supervisor of
C & O. canal

Male

White

Married

Number of children living

6.

Husband
of*Harry V. Bowers*Father's
Name*Nicolas Burgeau*Mother's
Name*Annie Simpson*

Cause of

Primary

Bright's disease

atrophy of
stomach

How long sick

2 months.

Death

Immediate

*Heart Failure**2 months*

Reported by

H. Franklin Schamel MD

Address

Bakersville Ad.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Patrick M. Byrne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	Virginia MARYLAND		
Date of death 190	Month	Day	Age	Years	Months Days
Sex	Color or Race	Birth-place			
Married, Single or Widowed	Occupation				
Name of Wife or Husband	Mrs Daisy Morrison Byrne				
Father's Name	X	X	Father's Birthplace		
Mother's Maiden Name	X	X	Mother's Birthplace		
Name of person giving information	Mrs. Daisy Byrne wife				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of
Physician

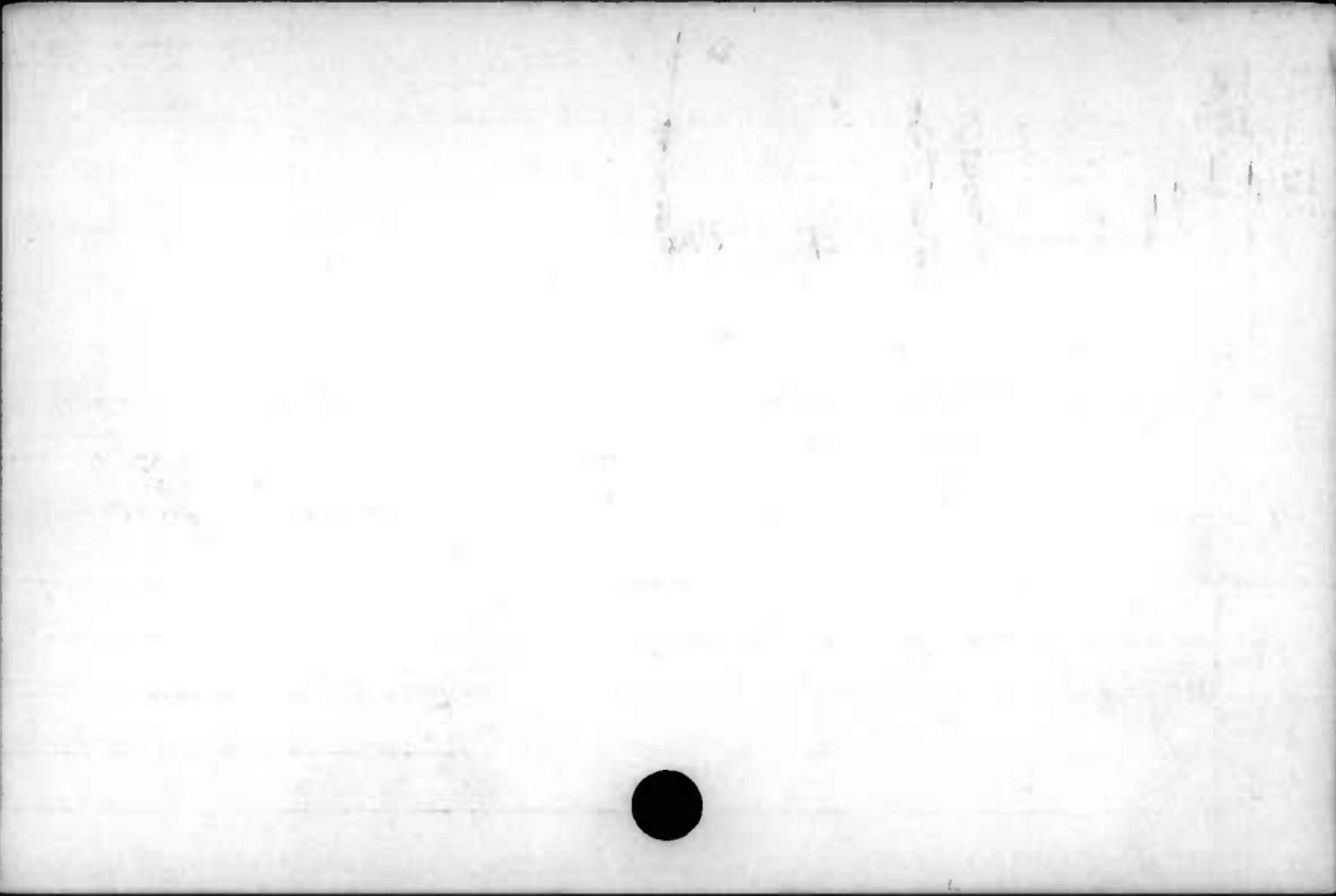
Address

Conductor Undertaker:

Hagerstown
Md.

Accident or Suicide?

no



Name
in
Full

Jacob Claire

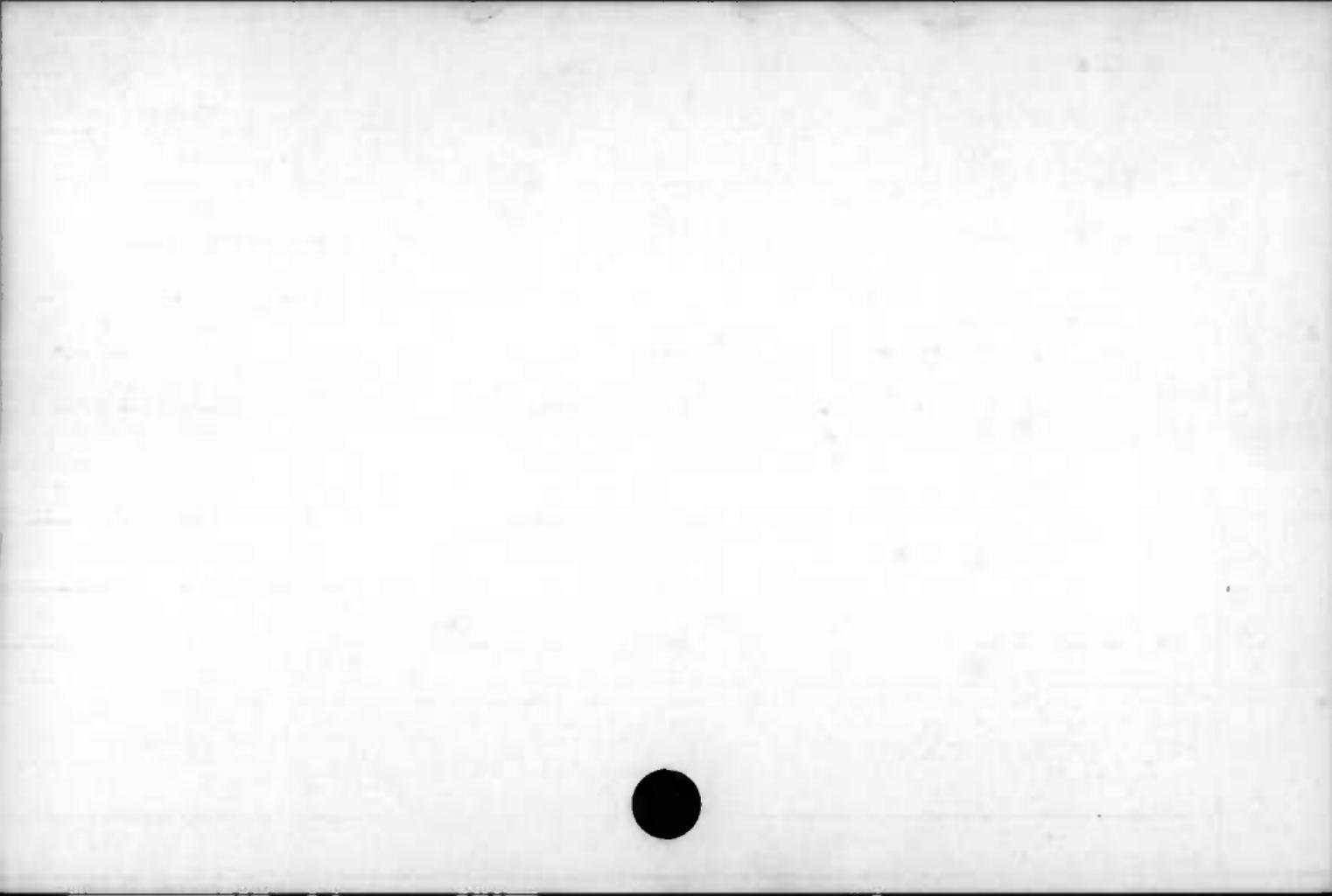
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u>		Town <u>Washington</u> County <u>Washington</u>		MARYLAND		
Date of death 1903	Month May	Day 18	Age 76	Years	Months	Days
Sex Male	Color or Race white	Birth-place <u>Penns.</u>				
Married, Single or Widowed <u>widower</u>	Occupation <u>Minister</u>					
Name of Wife or Husband <u>Mary Claire</u>						
Father's Name <u>Not Known</u>	Father's Birthplace					
Mother's Maiden Name " "	Mother's Birthplace					
Name of person giving information <u>Isaac York</u>	How related to deceased <u>Son-in-law</u>					

CAUSES OF DEATH

Primary	<u>Chronic nephritis</u>		<u>1920</u>	How long <u>2 years.</u>
Immediate	<u>Exhaustion</u>			How long <u>14 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician 	Victor D. Miller, Jr.	
Address	<u>Hagerstown, Md.</u>			
Accident or Suicide?	<u>—</u>			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Ann Clark

CERTIFICATE OF DEATH

Perrina
MARYLAND

Died at	Town	County		
Philadelphia				
Date of death 190	Month	Day	Years	Months Days
8	May	12	69	— —
Sex	Color or Race	white		Birth-place
Female				Perrina.
Married, Single or Widowed	Occupation			
Widow	N. W.			
Name of Wife or Husband	James Clark.			
Father's Name	John Gallagher			
Mother's Maiden Name	Louise —			
Name of person giving Information	H. R. Clark			
How related to deceased son				

CAUSES OF DEATH

Primary How long

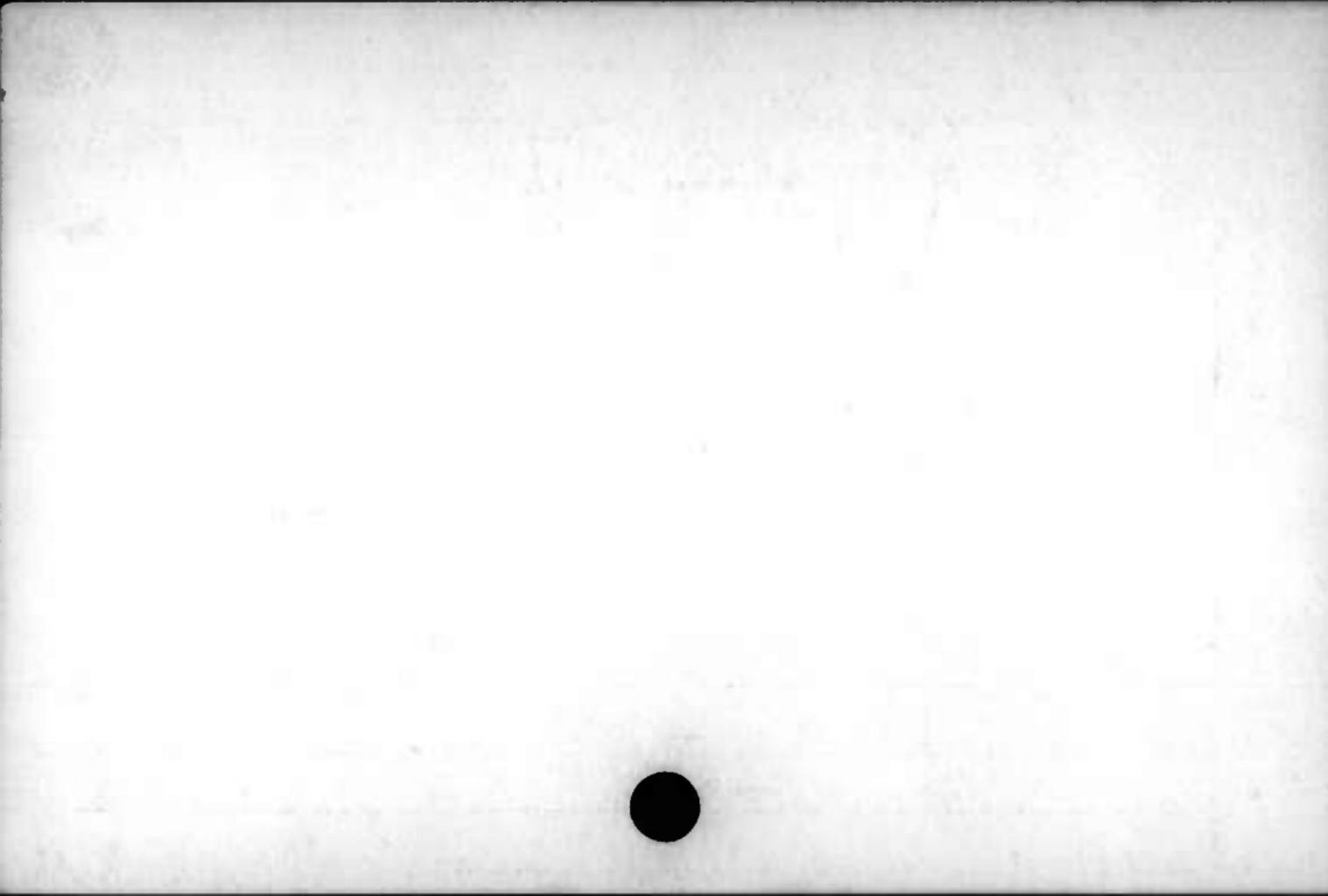
Immediate How long 7 Hours.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Mary Louise Clark

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Pennia,
~~MARYLAND~~

Date
of death 190

Month

Day

Years

Months

Days

3 May

13

Age

11

—

Sex

Female

Color or
Race

white

Birth-
place

Pennia.

Married, Single
or Widowed

single

Occupation

child.

Name of Wife or
Husband

Father's
Name

Harry F. Clark

Father's
Birthplace

Md.

Mother's
Maiden Name

Cannie Potterfield

Mother's
Birthplace

Md.

Name of person giving
Information

H. F. Clark

How related
to deceased

Father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Convulsions

How long

Two hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

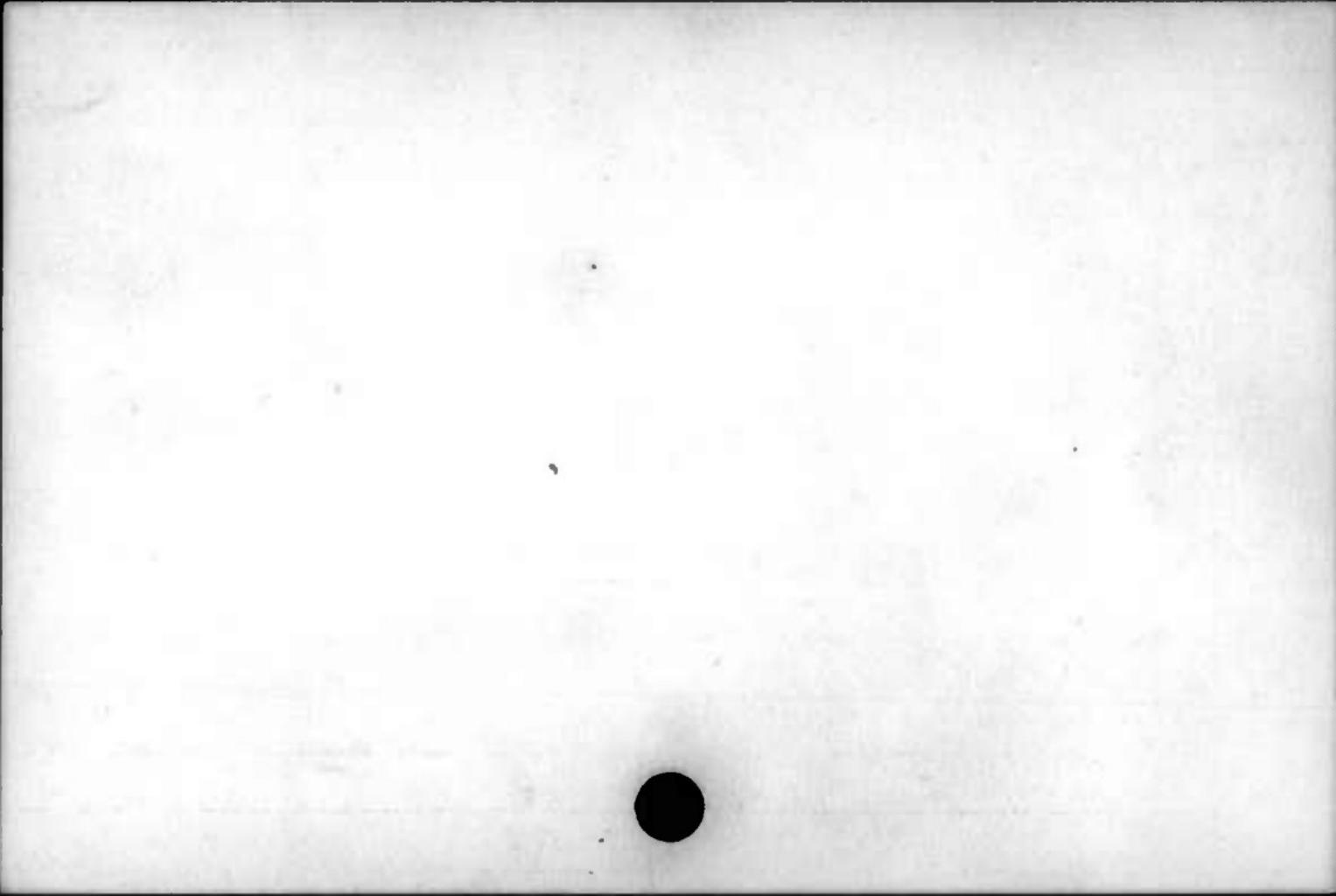
Consular Undertaker

Hagerstown

Md.

Accident or Suicide?

No



Name
in
Full

Josephine A Crabley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	57	5-	11
Married, Single or Widowed	Occupation	Birth-place	Na		
Name of Wife or Husband	Edward Crabley		House work		
Father's Name	Michael Fauke.	Father's Birthplace	Dont Know		
Mother's Maiden Name	Dort Know	Mother's Birthplace	Dont Know		
Name of person giving Information	Samuel Crabley	How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Loraly Crabley* 66 How long

Immediate *Exhaustion* 66 How long

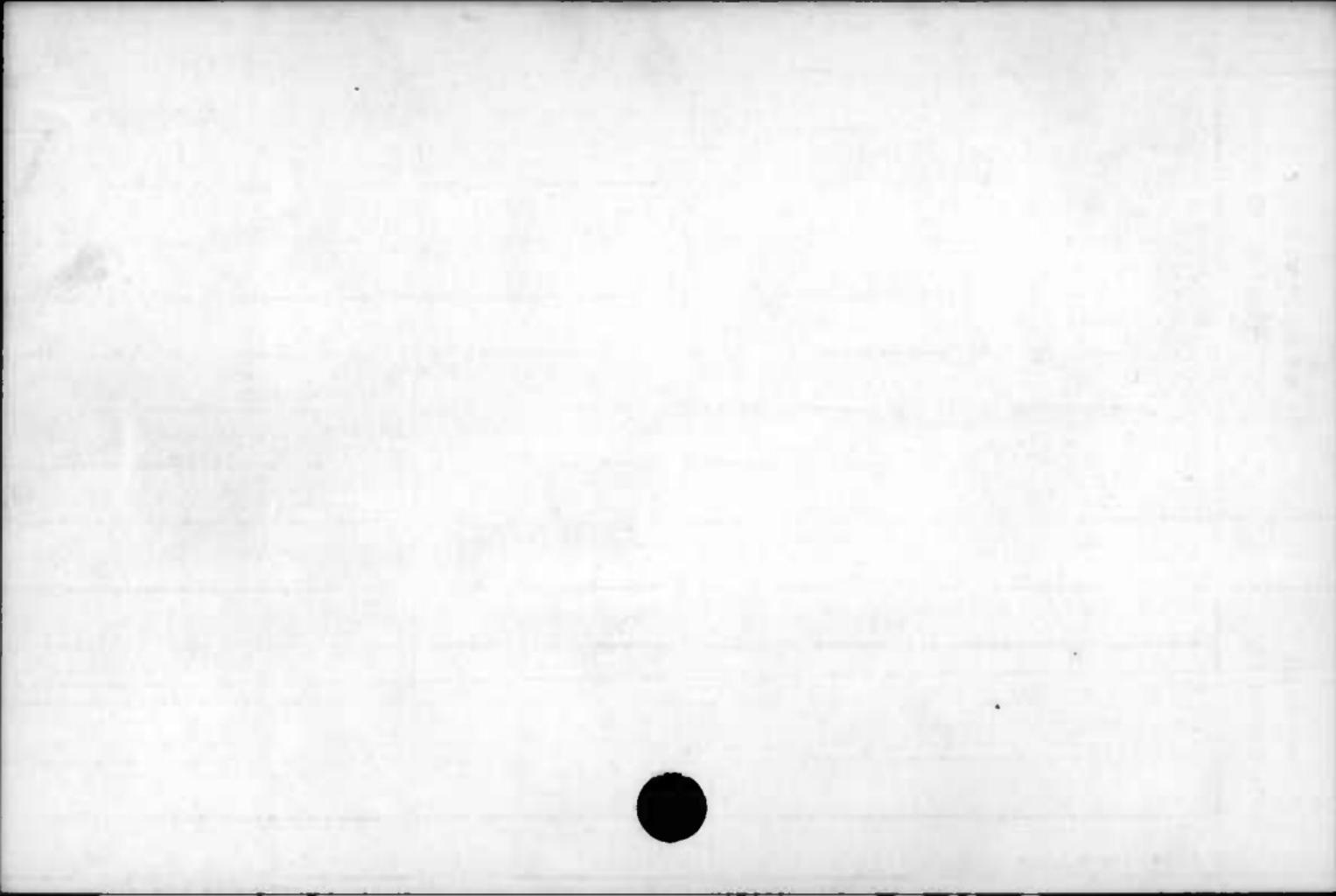
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*E.A. Moulton
Belgrave Brown
Md*

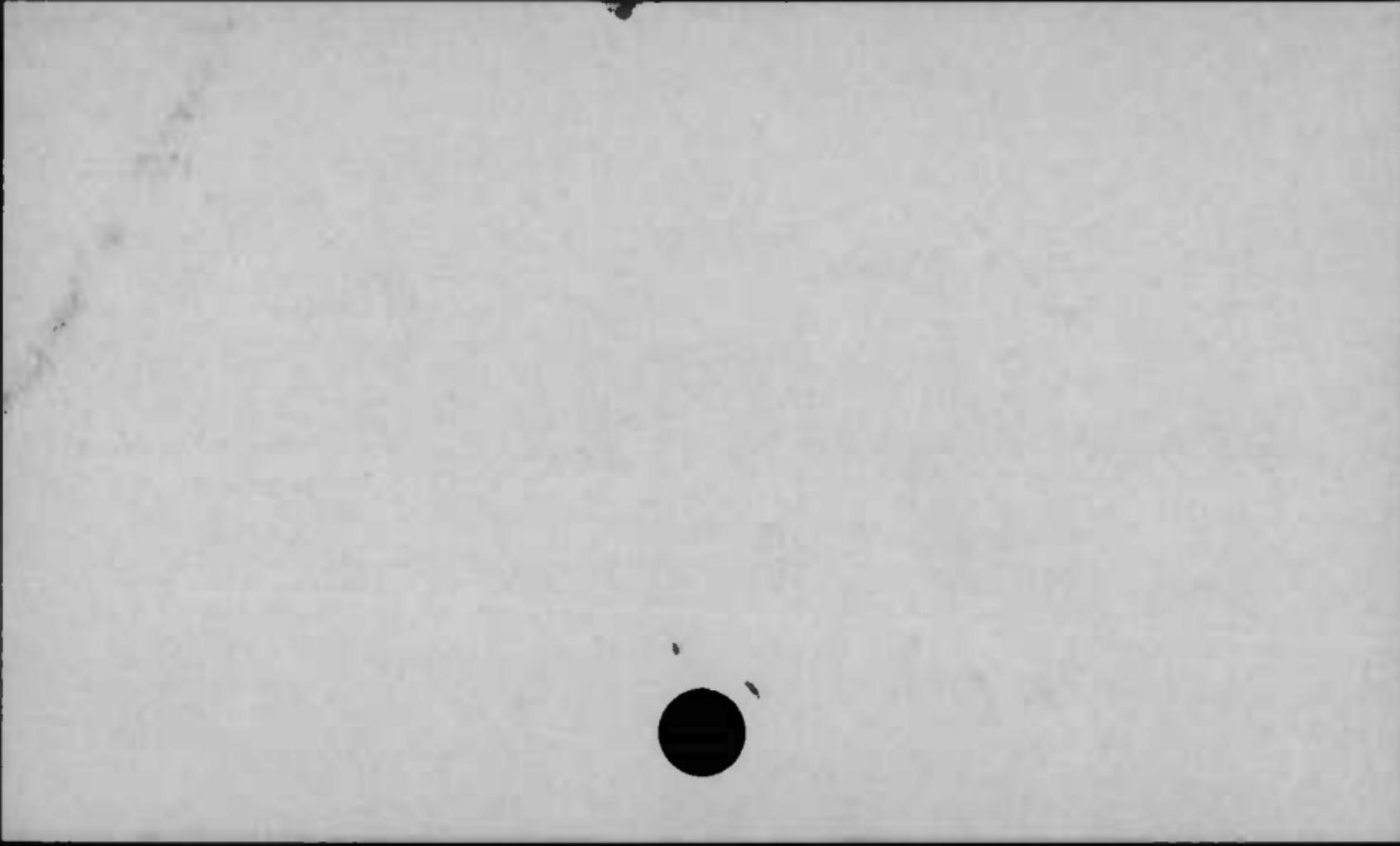
Accident or Suicide?



not traced -

Died at	Town	County	
	<u>Heagertown</u>	<u>Washington</u>	MARYLAND
Date 1903	Month	Day	Y. M. D.
	<u>May</u>	<u>22</u>	
	Age	<u>2 hours</u>	
	Male	<u>White</u>	<u>Widow</u>
	<u>Female</u>	<u>Octogenarian</u>	<u>Divorced</u>
Husband of			
Wife	<u>150</u>		
Father's Name	<u>John C. Gouse</u>	Mother's Maiden Name	<u>Alice P. Shaw</u>
Cause of Death	Primary	defective circulation	How long sick
	Immediate	<u>Biphasic</u>	
Reported by	<u>Dr. W. R. Ryan, M.D.</u>		
Address	<u>Heagertown, Md.</u>		

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Horatio McPherson Dall

CERTIFICATE OF DEATH

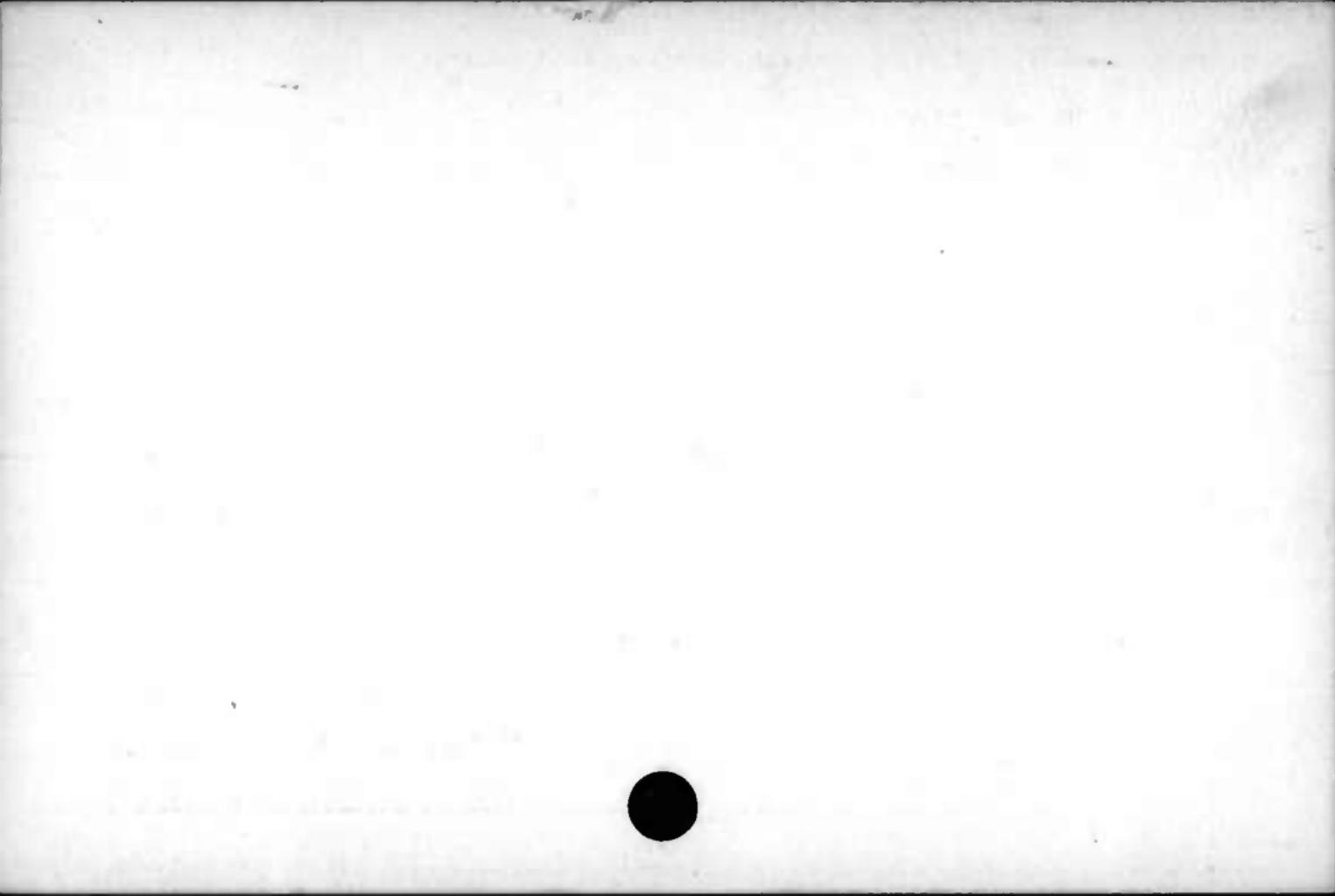
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town <u>Baltimore</u>	County	MARYLAND		
Date of death 190	Month <u>3 May</u>	Day <u>24</u>	Years <u>63</u>	Months <u>5</u>	Days
Sex <u>Male</u>	Color or Race <u>white</u>	Occupation <u>Court bailiff</u>	Birth- place <u>Md.</u>		
Married, Single or Widowed <u>single</u>					
Name of Wife or Husband <u>—</u>					
Father's Name <u>T. H. Dall</u>				Father's Birthplace <u>Md.</u>	
Mother's Maiden Name <u>Elga Buchanan</u>				Mother's Birthplace <u>"</u>	
Name of person giving Information <u>Mrs. D. C. Johnson</u>				How related to deceased <u>sister</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Bright's Disease</u>	How long
Immediate	<u>Heart failure</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Conuseter Funeral Director</u>
		Address <u>Hagerstown</u>
Accident or Suicide? <u>no</u>		



Name
in
Full

Rebecca De Lauder.

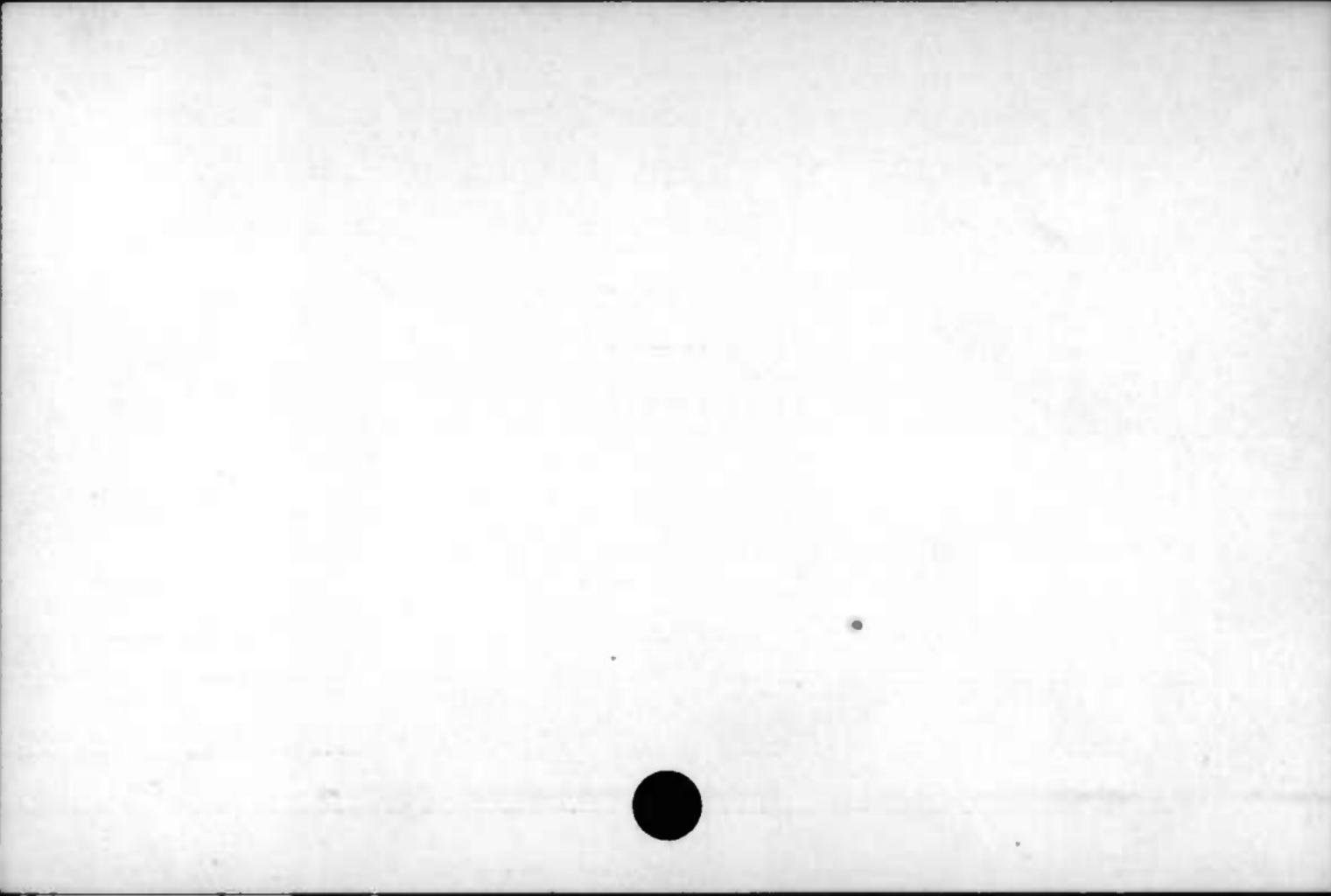
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days
Sex Female	Color or Race	white	Age 62	2	14
Married, Single or Widowed	Occupation		Birth-place	Meyersville	
Name of Wife or Husband	John H. De Lauder		Father's Birthplace	Sharpsburg	
Father's Name	Jacob Renner		Mother's Birthplace	Meyersville	
Mother's Maiden Name	Lydia E. Holtzman		How related to deceased	Husband	
Name of person giving Information	John H. De Lauder				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Chronic Bronchitis w/ Pulmonary Tuberculosis	How long	Several years
	Immediate		How long	—
	Are the name, age, sex, color, date and place correctly given above?	bphs	Signature of Physician	d. Howell Osardum
			Address	Sharpsburg, Md.
	Accident or Suicide?			



Name
in
Full

J W Differndal

Wichita Kans Sedgewick						CERTIFICATE OF DEATH		
Died at	Town	County	Kans	MARYLAND				
Date of death 1903	Month 5	Day 14	Years 45	Months 4	Days 3			
Sex Male	Color or Race White	Birth-place Smithsburg						
Married, Single or Widowed Single	Occupation Farmer							
Name of Wife or Husband								
Father's Name	Samuel Differndal	Father's Birthplace Laydiesburg						
Mother's Maiden Name	Marguerette Haugh	Mother's Birthplace Fairmount						
Name of person giving Information	Alberto Differndal	How related to deceased Brother						

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Hemorrhage	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

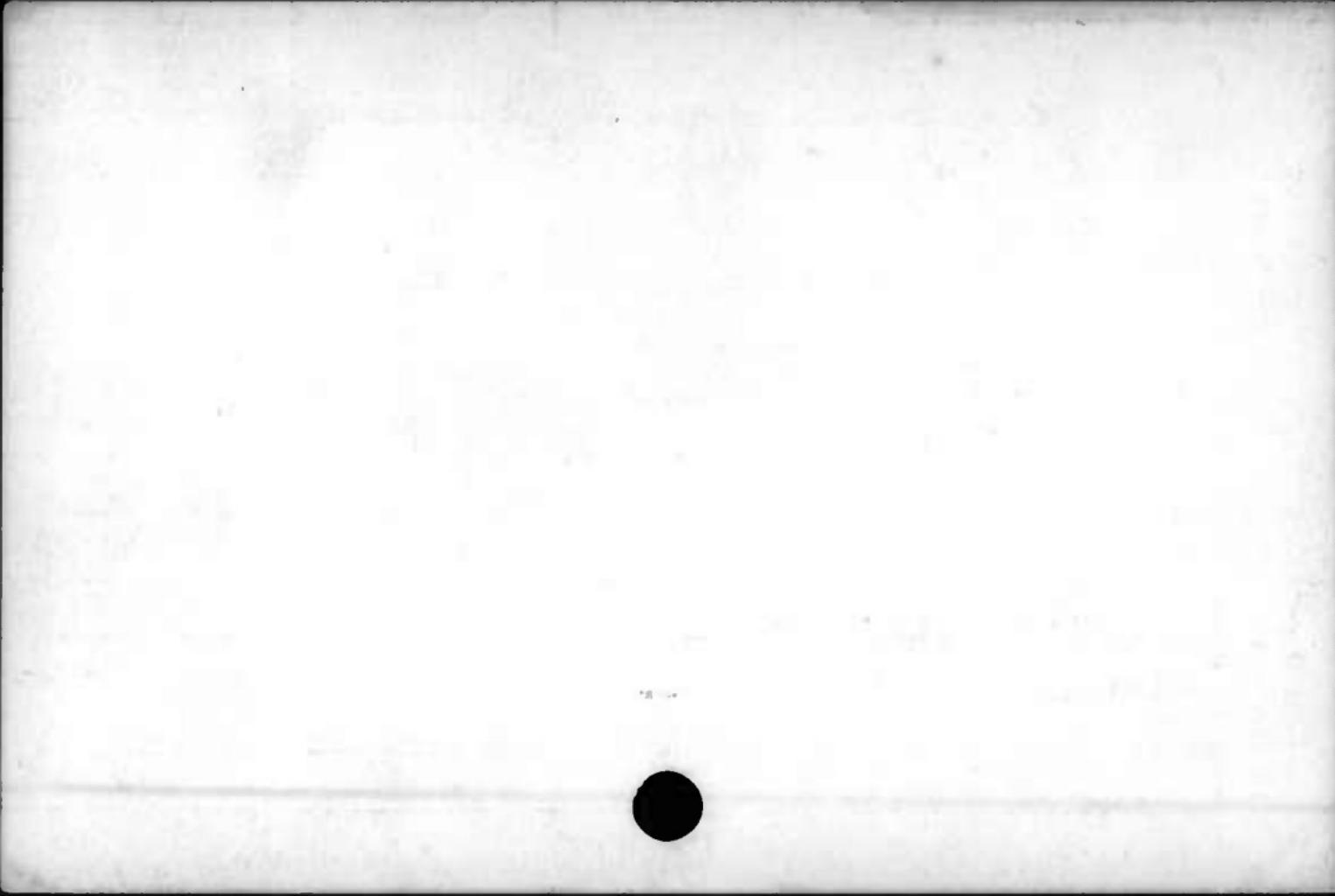
Signature of Physician

Alberto Differndal

Accident or Suicide?

Address

Smithsburg Md



Name
in
Full

Richard Lee Murphy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month May	Day 15	Age 21	Years	Months	Days
Sex Male	Color or Race White	Occupation		Birth- place		
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	James E Murphy			Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Drowning

How long

1/2 hour

Immediate

Suffocation

How long

1/2 hour

Are the name, age, sex, color, date
and place correctly given above?

Yes

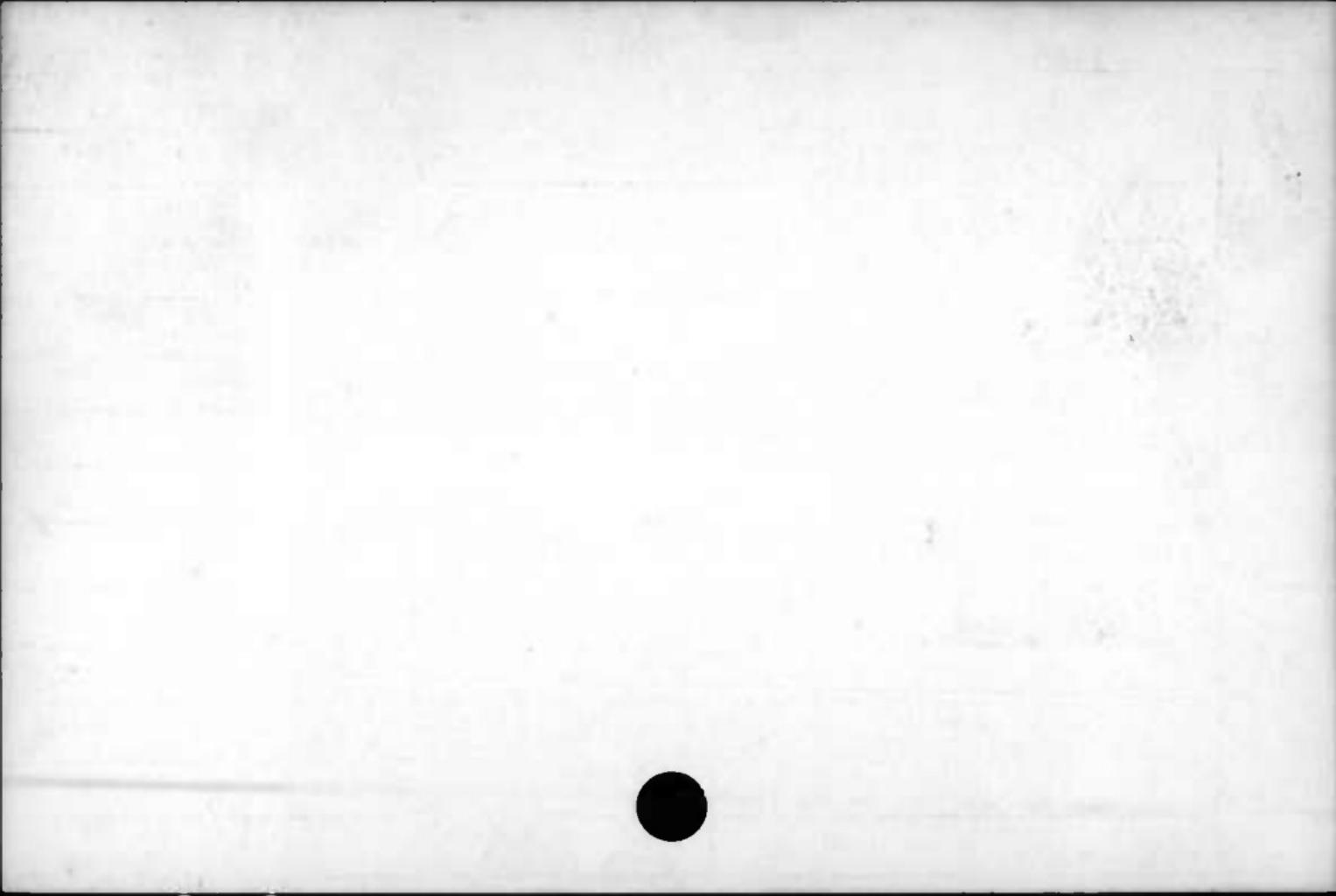
Signature of
Physician

Address

Keweenaw.
Hancock

Accident or Suicide?

Accident



Samuel Eshelman

Town

County

Died at

MARYLAND

Dearborn & Roads St. Rock Co.

Month Day

Y.

M.

D.

Native of

Occupation

Date 1903 May 18

Age

4 months Maryland infant.

Male

White

Married

Widow

Divorced

~~Black~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Samuel Eshelman

Mother's

Maiden Name

Mary Horst.

How long sick

Cause of

Primary

French

Death

Immediate

Measles

Accident, Suicide, Homicide

Reported by

Dr. V. Miller M.D.

Address

Main & Dixon Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J. A. Bangham
Sub-Reg.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Harry Tinsley

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death 190	Month	Day	Years	Months	Days		
3	5	14	—	—	—	10	
Sex	Male	Color or Race	Black	Birth-place	Wd		
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name	Harry Tinsley			Father's Birthplace	Ra		
Mother's Maiden Name	Admirie Wedlock			Mother's Birthplace	Ra		
Name of person giving information	Hather			How related to deceased	Hather		

CAUSES OF DEATH

Primary

Peritonitis
Convulsions

116

How long

7 days

Immediate

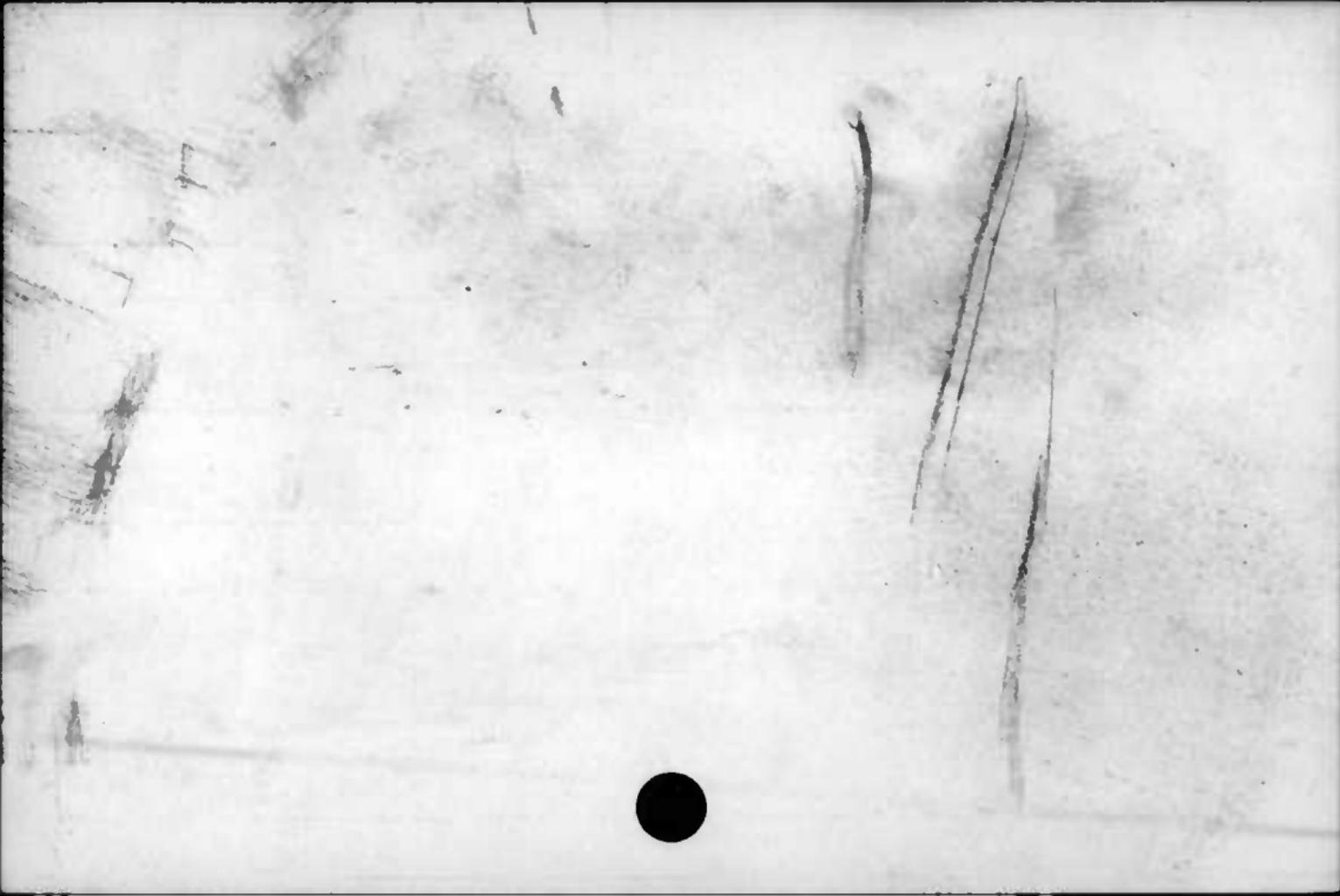
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. St. Den. M.D.
Hagerstown
Md

Accident or Suicide?



Died at <u>New Washington</u>			County <u>Washington</u>	MARYLAND			
Date 19 <u>03</u>	Month <u>5</u>	Day <u>4</u>	Y. <u> </u>	M. <u> </u>	D. <u> </u>	Native of <u> </u>	Occupation <u> </u>
<u>Male</u>	<u>White</u>	<u>Age</u> <u> </u>	<u>Married</u>	<u>Widow</u>	<u>Divorced</u>	<u>Number of children living</u> <u> </u>	
<u>Female</u>	<u>Colored</u>	<u>Single</u>	<u>Widower</u>				
Husband of <u> </u>							
Wife							
Father's Name	<u>Hugh N. Gaver</u>			Mother's Maiden Name	<u>Clara E. Firy</u>		
Cause of Death	Primary	<u>Stroke</u>			How long sick		
	Immediate	<u>13 hours</u>			<u>Accident, Suicide, Homicide</u>		
Reported by	<u>C. J. Campbell</u>						
Address	<u>Franklin</u> 						

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Brenan Hanna

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death 1903

Month

Day

Age

Years

Months

Days

5

1

75

5

29

Sex

Female

Color or
Race

White

Birth-
place

Md

Married, Single
or Widowed

Single

Occupation

Domestic

Name of Wife or
Husband

Father's
Name

Robert Hanna

Father's
Birthplace

Md

Mother's
Maiden Name

Catharine Billmeyer

Mother's
Birthplace

Md

Name of person giving
Information

Mr. McKee

How related
to deceased

Nephew

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Hypertrophy of the Heart & Chronic Bronchitis Four months

How long

8

Immediate

Heart Failure found dead Found Dead

How long

1

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

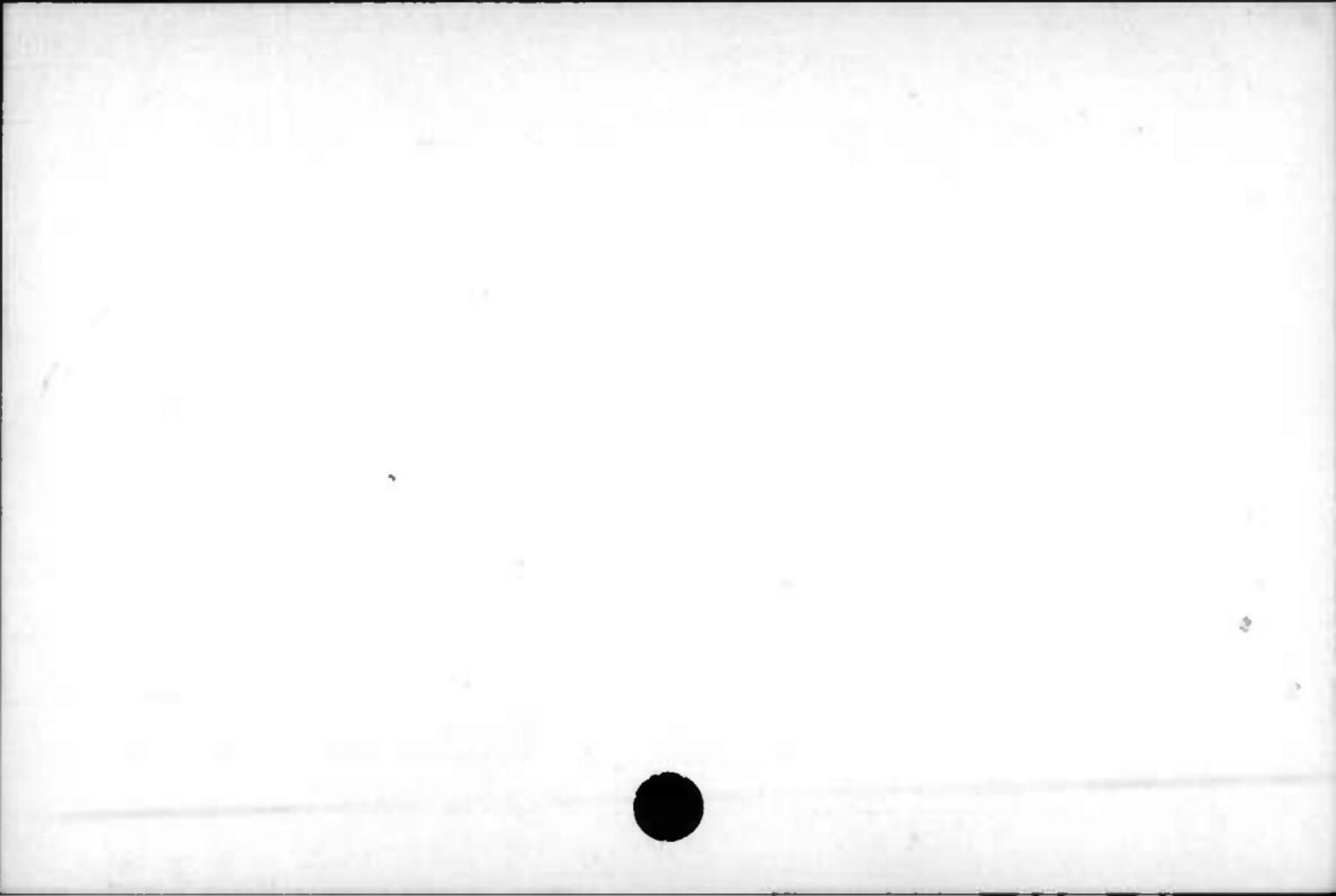
Address

J. E. Pittsrogle

Hagerstown

Accident or Suicide?

Md



Name
in
Full

William Russell Haase

CERTIFICATE OF DEATH

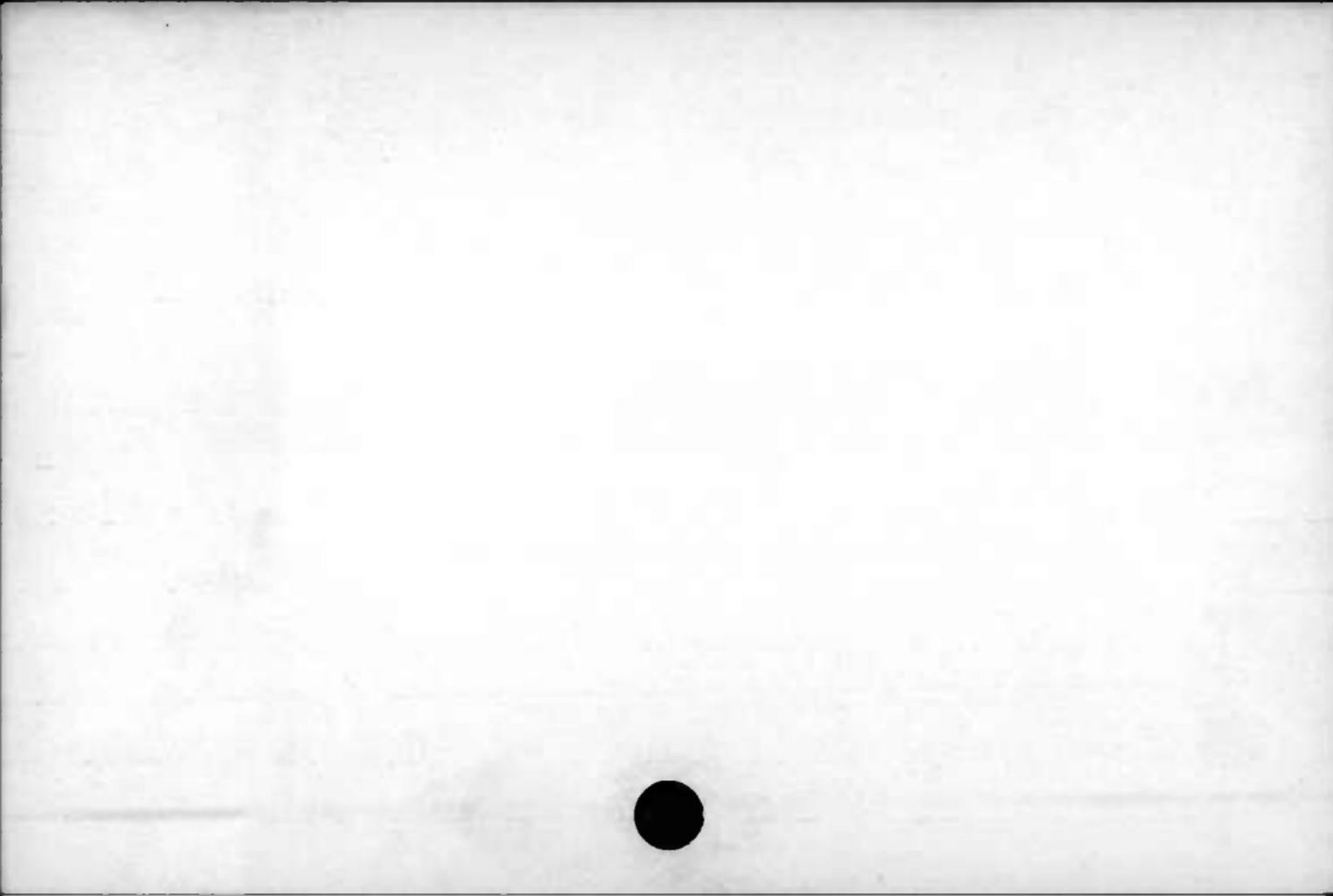
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Hagerstown		Nash.			
Date of death 190	Month 3	Day 5	Years	Months	Days	6
Sex	13y	Color or Race	White	Birth-place	Biosell P.O. box	
Married, Single or Widowed	—		Occupation			
Name of Wife or Husband	—					
Father's Name	Scott W. Haase		Father's Birthplace	Md		
Mother's Maiden Name	Nettie V. Leckrone		Mother's Birthplace	Md.		
Name of person giving information	William H. Leckrone		How related to deceased	Grandfather		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Traumatic Measuring it is	How long	4 days.
Immediate	Exhaustion -	How long	2 "
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. Preston Miller.
		Address	Hagerstown Md.
Accident or Suicide?	700 -		



Name
in
Full

Howard R. Hebb.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month 3 May	Day 27	Age 20	Years 9 Months	Days 23
Sex Male	Color or Race White	Occupation Laborer			
Married, Single or Widowed Single					
Name of Wife or Husband				Father's Birthplace	Sharpsburg
Father's Name William Hebb				Mother's Birthplace	"
Mother's Maiden Name Isabella Brushears				How related to deceased	Mector
Name of person giving Information Isabella Hebb					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Rheumatism with organic heart disease

How long

A Chronic Condition

Immediate

Congestion of lungs & heart failure

How long

About a week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

S. Howell Esmond

Address

Sharpsburg Md.

Accident or Suicide?

Chas. S. Wade
Undertaker

Name
in
Full

Child of W^m L. Keline & Luke Barr

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 190	Month	Day	Years Months Days
Sex	Color or Race	Occupation	Birth-place
Married, Single or Widowed	single		
Name of Wife or Husband			
Father's Name	Wm. Keline	Father's Birthplace	med.
Mother's Maiden Name	Luke Barr	Mother's Birthplace	"
Name of person giving Information	Luke Barr	How related to deceased	mother

PHYSICIAN
OR CORONER

Primary

atelectasis

How long

half hour

How long

Immediate

15

Are the name, age, sex, color, date and place correctly given above?

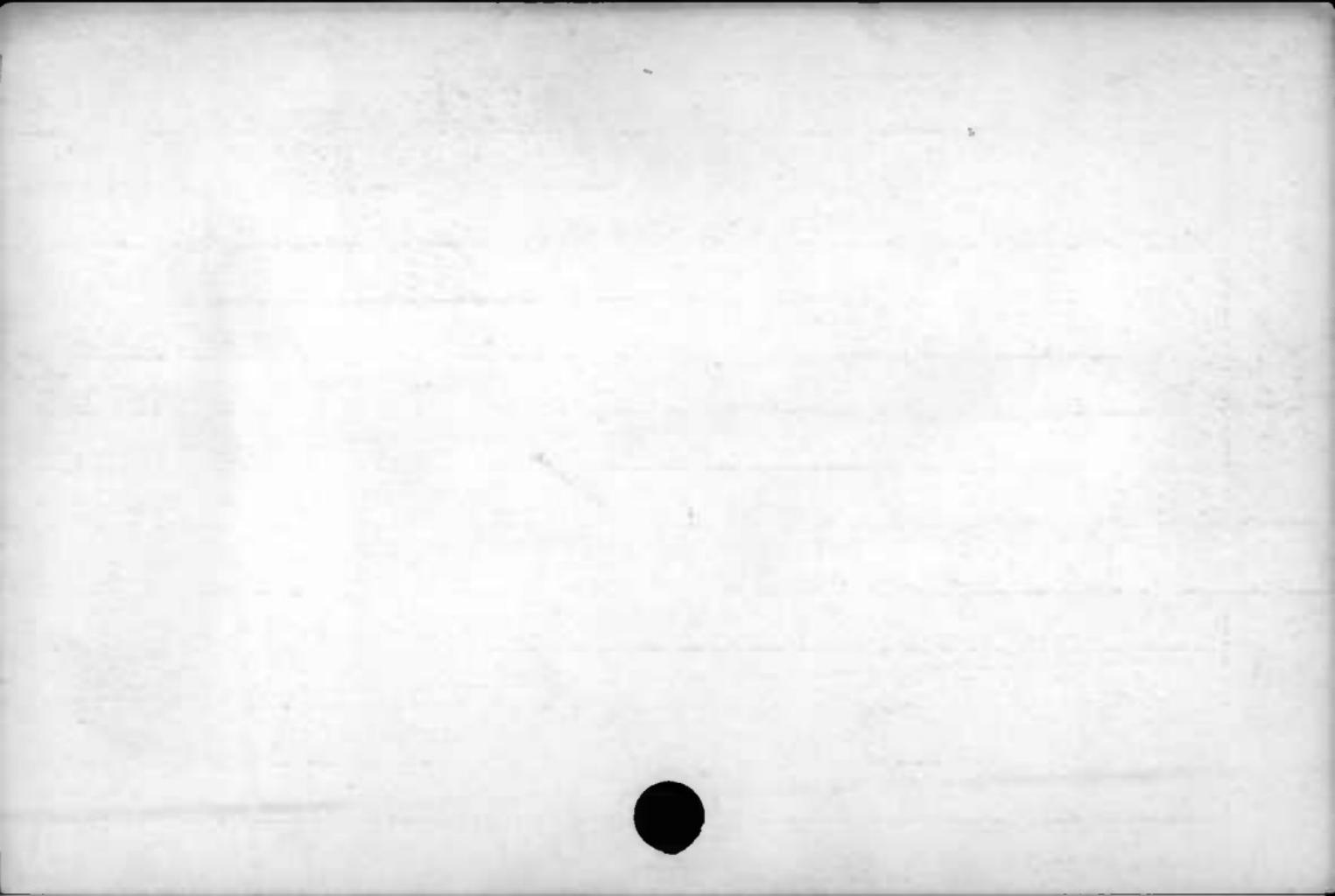
Signature of Physician

E G Warham

Address

11 Dagmar Street

Accident or Suicide?



Name
in
Full

Sarah L. Herbert

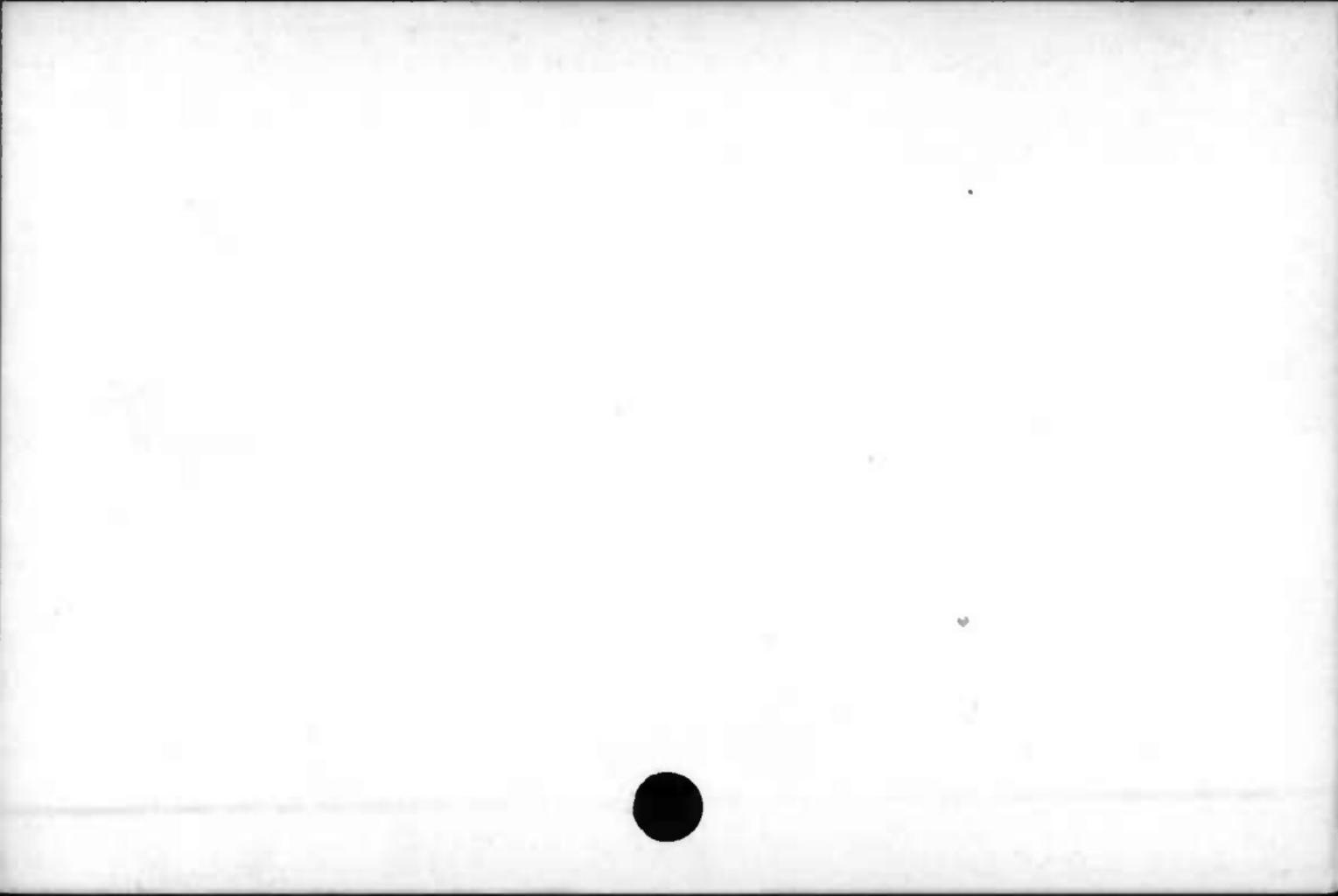
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 190	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Married, Single or Widowed	Occupation					
Name of Wife or Husband	Wm. S. Herbert					
Father's Name	Wm. Smith	Father's Birthplace	Md			
Mother's Maiden Name	Sarah Shelling	Mother's Birthplace	Md			
Name of person giving information	Wm. S. Herbert	How related to deceased	Husband			

CAUSES OF DEATH

Primary	Intumary tuberculosis	How long	(2)	
	Chronic nephritis & endocarditis	How long		
Immediate	Exhaustion	How long	two months	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Victor Shilling	
		Address	Hagerstown, Md.	
Accident or Suicide?				



Name
in
Full

To BE ANSWERED BY.
NEAREST FRIEND

Edward Milton Heyett						CERTIFICATE OF DEATH	
Died at <u>Baltimore</u>		Town	County <u>Washington Co</u>		and <u>MARYLAND</u>		
Date of death 190	Month <u>5</u>	Day <u>3</u>	Age <u>67</u>	Years <u>6</u>	Months <u>6</u>	Days <u>14</u>	
Sex <u>White</u>	Color of Race		Birth-place <u>Baltimore</u>				
Married, Single or Widowed	Bachelor		Occupation <u>Former</u>				
Name of Wife or Husband							
Father's Name	<u>Jacob Heyett</u>						
Mother's Maiden Name	<u>Elizabeth Ingreham</u>						
Name of person giving Information	<u>Suthia Heyett</u>						
Father's Birthplace	<u>Baltimore</u>						
Mother's Birthplace	<u>Boonsbury</u>						
How related to deceased	<u>Sister</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Suicide

63

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

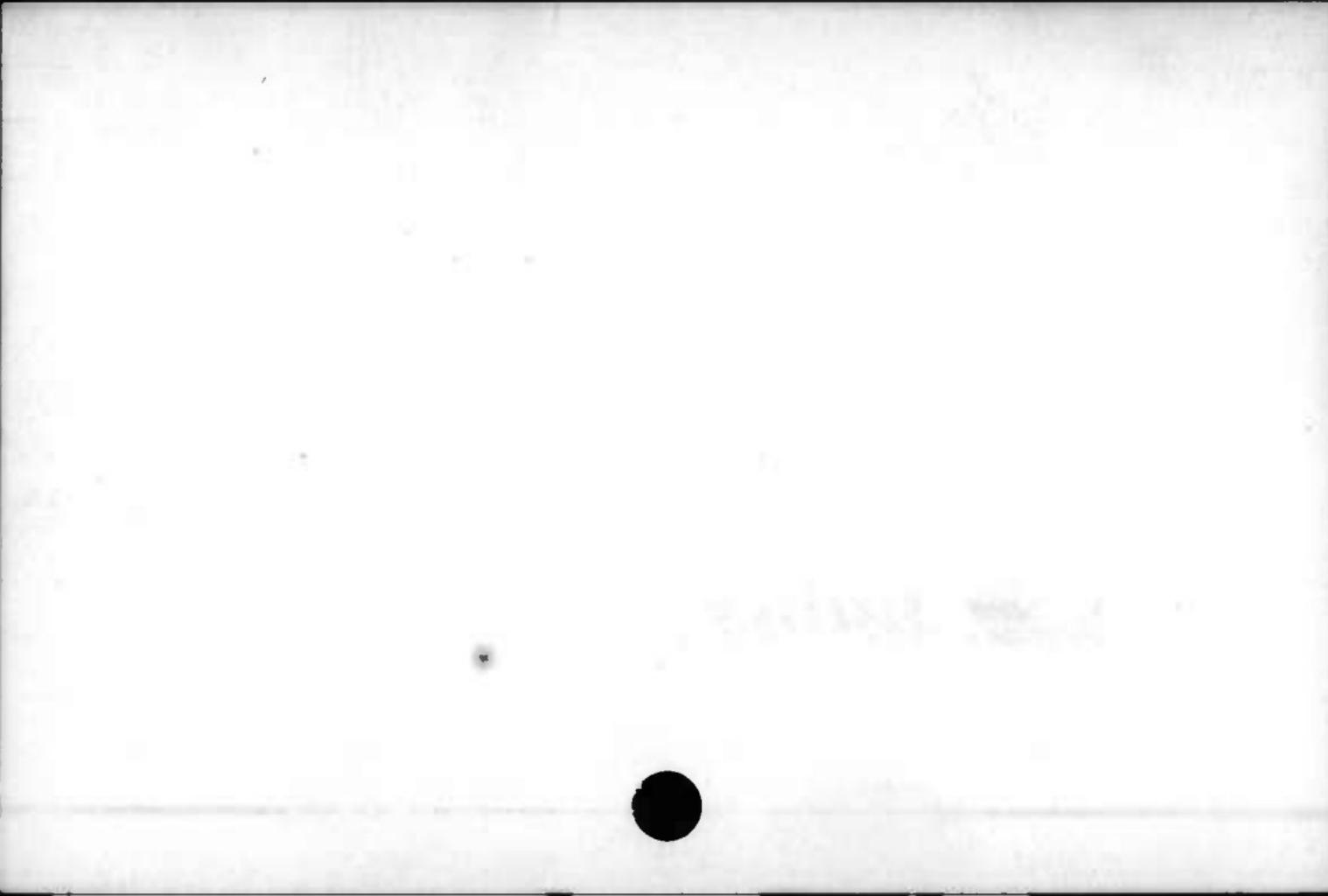
Order Taken

Accident or Suicide?

Address

Bergam F Young

Address Smithsonian



James Hill Col'd
 Town Bonnsville County Washington MARYLAND

Died at

Date 1903

Month 5. Day 6

Y. 70 M. 1 D. 1

Native of Va

Occupation Laborer

Male

White

Widow

Female

Colored

Widower

Divorced

Husband of Sarah Mathews

Number of children living 9

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Tuberculosis

How long sick

9 months

Death

Immediate

27

Accident, Suicide, Homicide

Reported by

J. T. Yonette

Address

Bonnsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

George Hines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>mar Clear Spring</u>	Town	County	MARYLAND		
Date of death <u>1903</u>	Month <u>May</u>	Day <u>3</u>	Age <u>62</u>	Years	Months <u>1</u> Days <u>1</u>
Sex <u>Male</u>	Color or Race	Birth-place			
Married, Single or Widowed	Occupation	<u>Boat man</u>			
Name of Wife or Husband	<u>Snicker</u>				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Injury by accident How long

Immediate Escape from burning gas How long

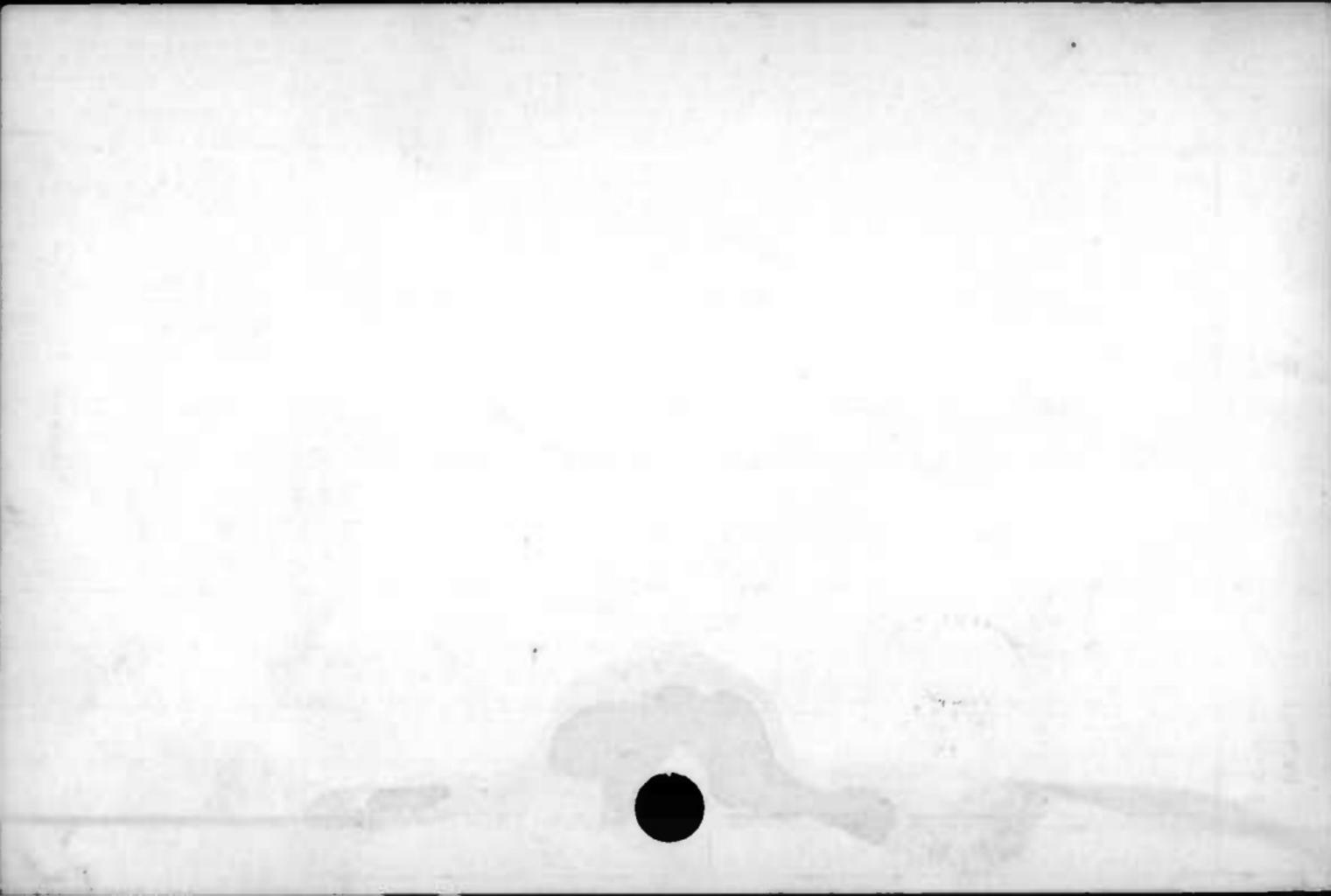
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr Richardson
Williamsport

Accident or Suicide



Name
in
Full

George Julius

CERTIFICATE OF DEATH

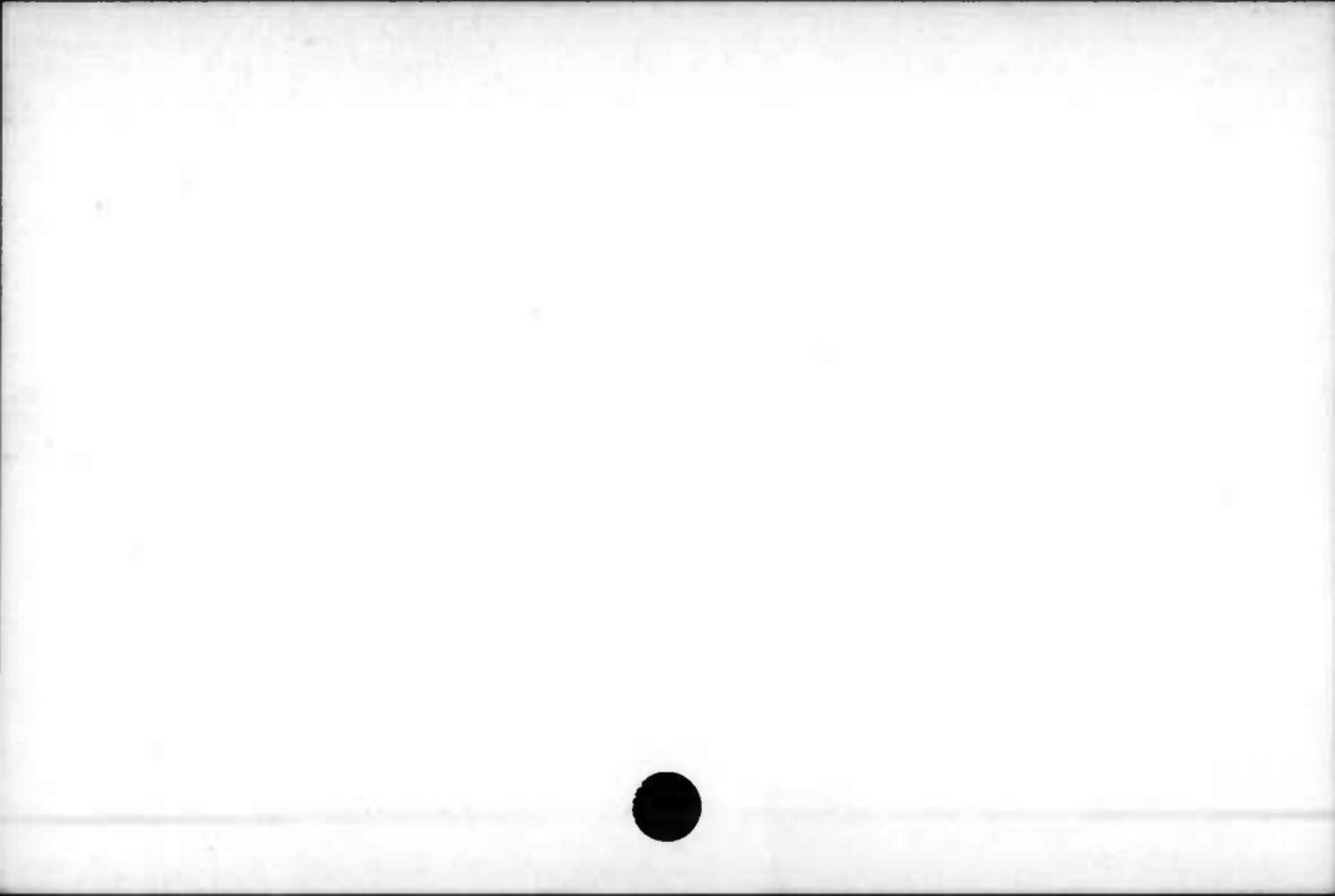
To BE ANSWERED BY
NEAREST FRIEND

Died at Bellefonte Dayton	Town Hagerstown	County Washington	MARYLAND		
Date of death 1903	Month May	Day 4	Age 85	Months 2	Days 6
Sex Male	Color or Race Mudover	Occupation Plasterer	Birth- place Hagerstown		
Married, Single or Widowed				Father's Name	Father's Birthplace
Name of Wife or Husband				Mother's Name	Mother's Birthplace
Father's Name				Name of person giving Information	How related to deceased
Mother's Maiden Name				DR Hager 154	None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Dysentery, Sanguity	How long 4 yrs
Immediate Colitis, exhaustion	How long 3 months
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. Morrison
	Address Hagerstown
Accident or Suicide? no	



Name
in
Full

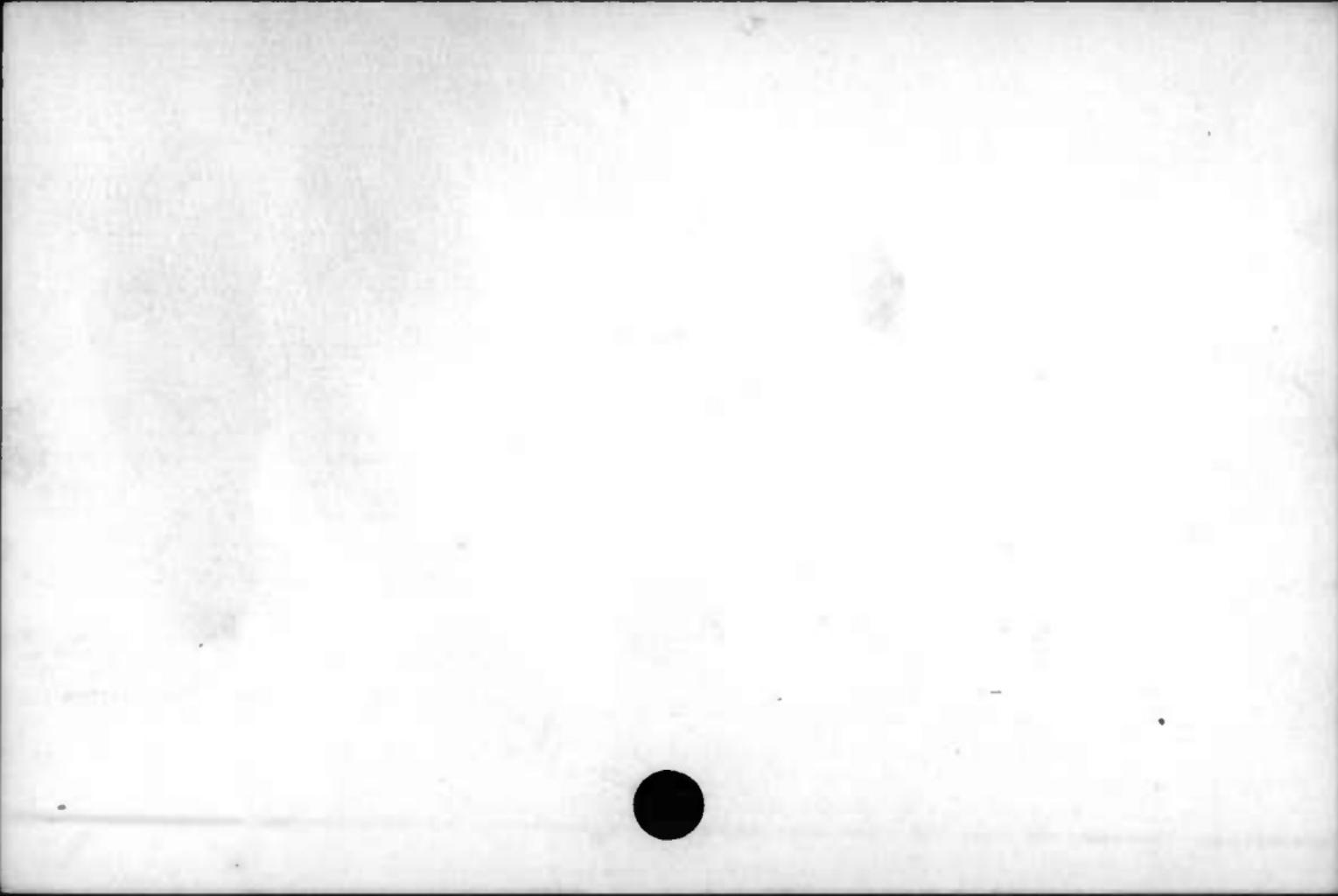
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1903	Month	Day	Years	Months	Days
Sex	Male.	Color or Race	Age		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name	Geo. Stevens		Father's Birthplace		Hagerstown
Mother's Maiden Name	Ida Dunbar		Mother's Birthplace		Hagerstown
Name of person giving information	C. J. Maynard		How related to deceased		Physician

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pneumonia tubercular	
	Immediate	Skin Disease	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C. J. Maynard M.D.
Yes		Address	Hagerstown Md.
Accident or Suicide?			



Name
in
Full

George R. Kempf.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 190	Month	Day	Age	Years	Months Days	
Sex	Color or Race	Occupation				
Married, Single or Widowed						
Name of Wife or Husband	Ida E. Doornheijer					
Father's Name	L. D. Kempf			Father's Birthplace	Tunkerton	
Mother's Maiden Name	Elyzabeth Bowman			Mother's Birthplace	Tunkerton	
Name of person giving information	J. G. Miller			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acces of Brain	How long	8 weeks
Immediate	Concussion	How long	8 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C. J. Marquard
Yes		Address	Tunkerton
Accident or Suicide?			

24 Sept

Name
in
Full

Yallie E. Replinger

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month May	Day 25	Years 10	Months 11	Days 25
Sex Female	Color or Race white	Birth-place MD			
Married, Single or Widowed Single	Occupation School girl				
Name of Wife or Husband					
Father's Name John W. Replinger	Father's Birthplace MD				
Mother's Maiden Name Anna F. Mull	Mother's Birthplace MD				
Name of person giving information J.W. Replinger	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Contro-Spinal Meningitis

How long

A month or more

Immediate

Contro-Spinal Meningitis

How long

22 days at end

Are the name, age, sex, color, date and place correctly given above?

Yrs

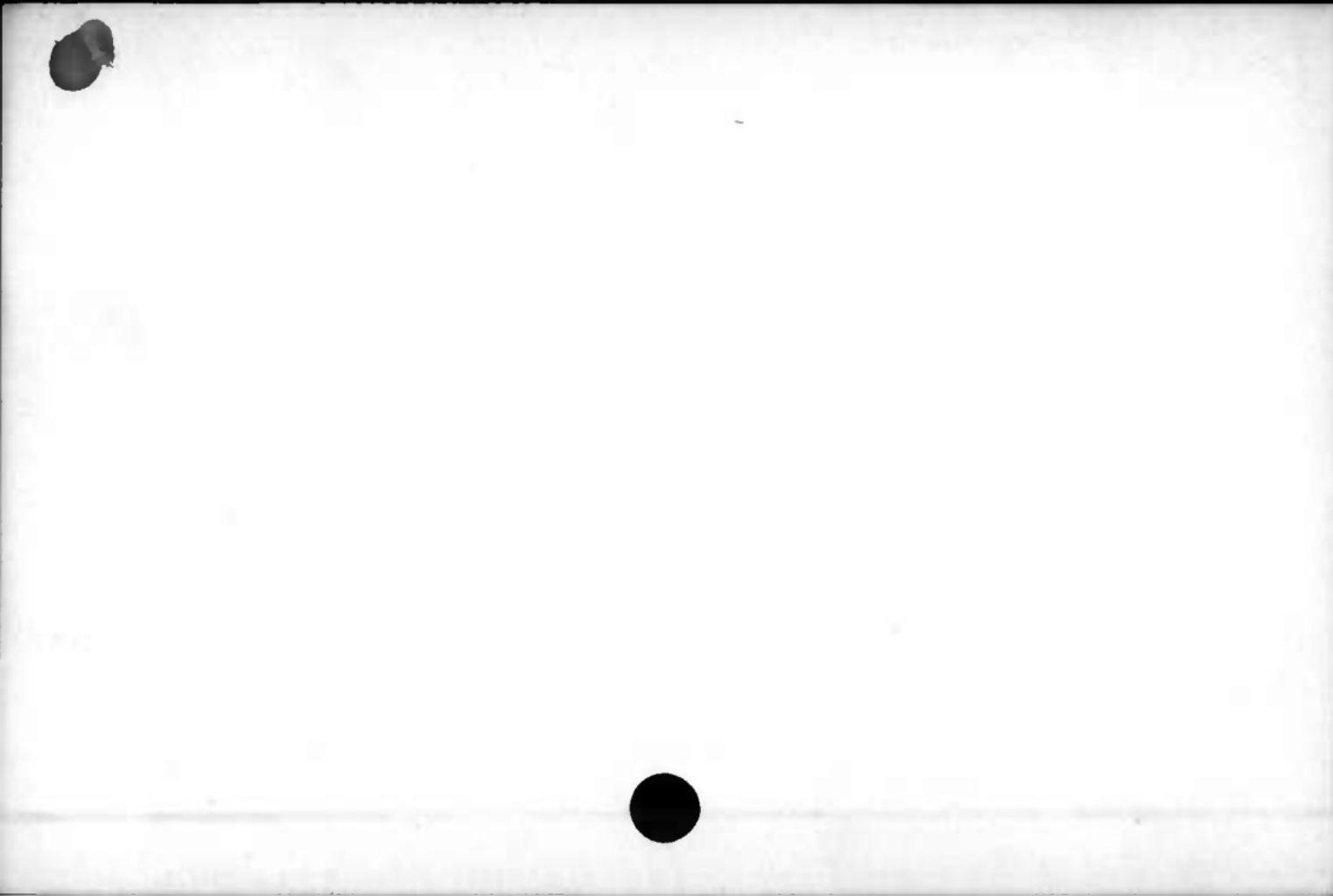
Signature of Physician

J. Howell Gardner

Address

Sharptown - MD

Accident or Suicide?



Name
in
Full

Lillian Beatrice Kershner

CERTIFICATE OF DEATH

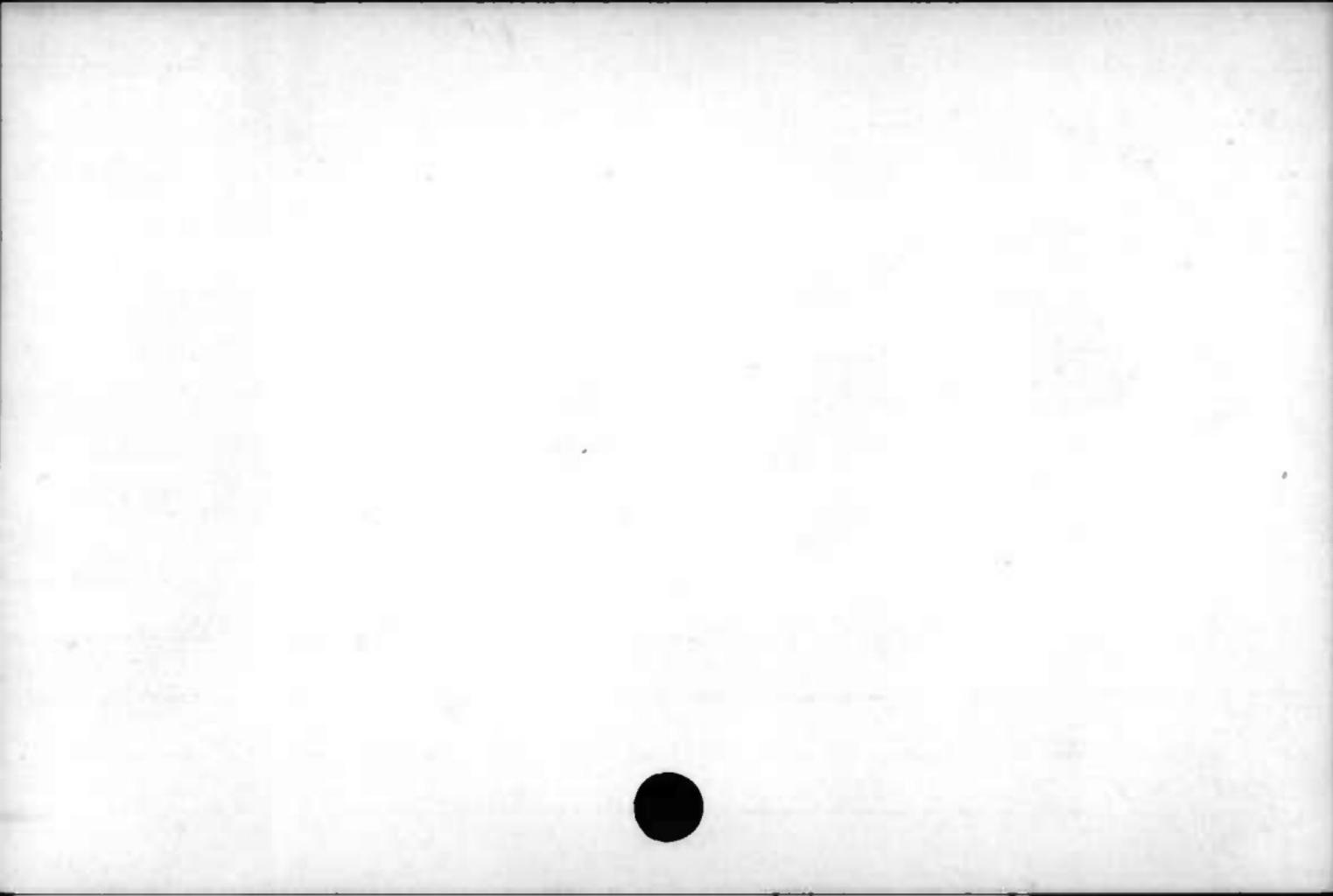
TO BE ANSWERED BY
NEAREST FRIEND

Town	Hagerstown			County	Washington	
Died at	Date of death 1903	Month 5	Day 10	Years	Months	Days
Sex	Female		Color or Race	white	Birth-place	Hagerstown
Married, Single or Widowed				Occupation	child	
Name of Wife or Husband						
Father's Name	Frank H. Kershner			Father's Birthplace	Ind	
Mother's Maiden Name	Maud Susan Kershner			Mother's Birthplace	Ind	
Name of person giving Information	Father Frank H Kershner			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Erysipelas.		How long	Six days
Immediate	Phlebitis		How long	36 hrs
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. E. Peterough
			Address	Hagerstown Ind
Accident or Suicide?				



Died at

Town

Geo. Kimes

County

Ash

MARYLAND

Died at

Date 1903

Month

Day

Age

M. D.

Native of

Male

Wife

Colonel

Age
Married

62 yrs

Md

Occupation

Single

Widow

Divorced

Boatman

one

Number of children living

Husband of

~~Wife~~

Father's

Name

Cause of

Primary

Death

Immediate

Mary Kimes

Mother's

Maiden Name

How long sick

Accident

Hemorrhage

166

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Frank Bros

Clear Spring

Md



Name
in
Full

Theodor Kohler

CERTIFICATE OF DEATH

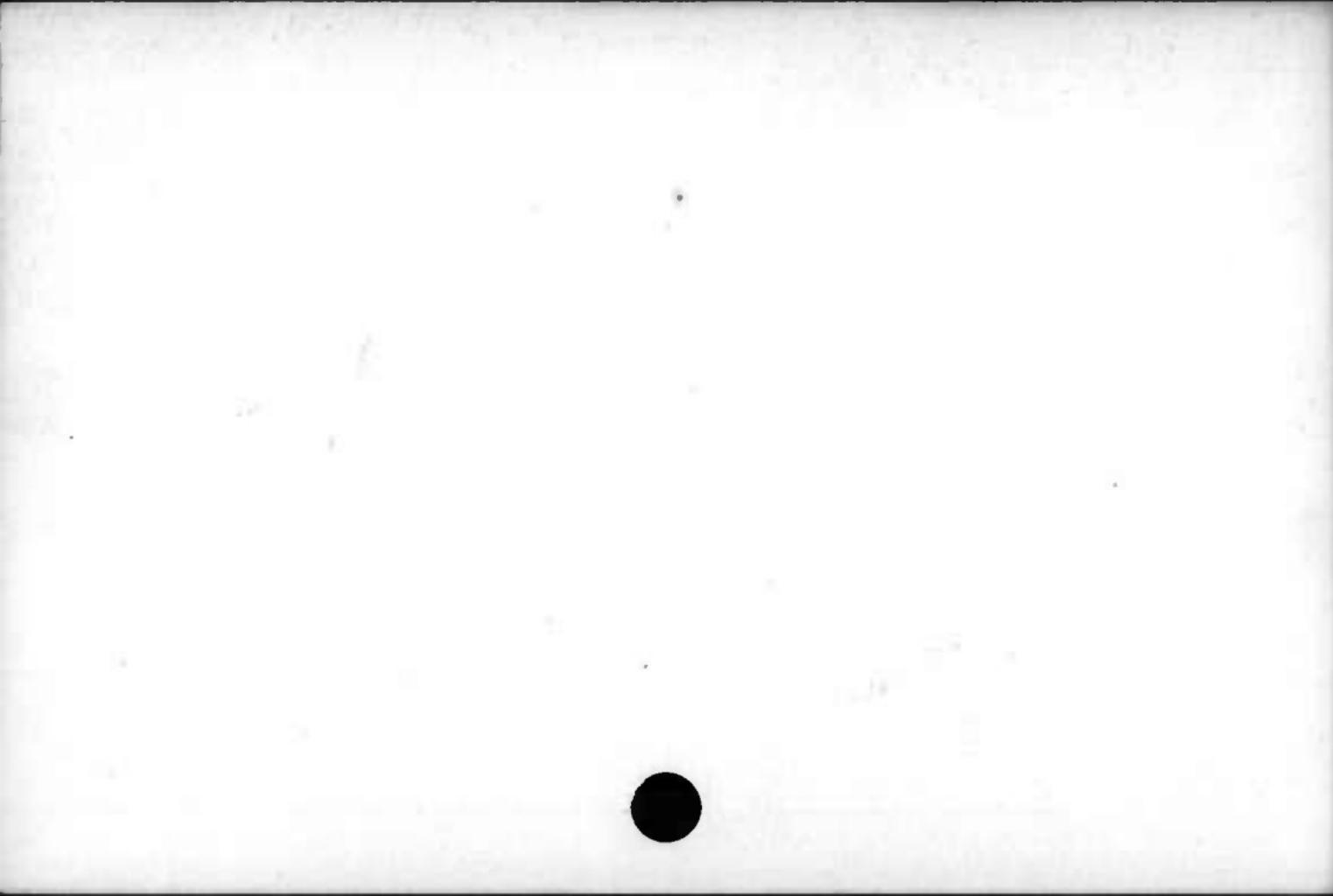
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 5	Day 6	Years 53	Months	Days
Sex Female	Color or Race White	Birth-place Md			
Married, Single or Widowed Single	Occupation Laborer				
Name of Wife or Husband					
Father's Name Daniel Kohler	Father's Birthplace Md				
Mother's Maiden Name Elizabeth Kohler	Mother's Birthplace Md				
Name of person giving information Mrs Chrissinger	How related to deceased Bro				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Phtisis Pulmonalis	How long 1 year
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician S. Morrison
	Address Hagerstown
Accident or Suicide?	



Name
in
Full

Benjettta Kretzir

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Sharksburg,	Washington County				
Date of death 1903	Month May	Day 17	Years 67	Months 1	Days 23	
Sex Female	Color of Race White	Birth-place Locust Grove, Md.				
Married, Single or Widowed Widowed	Occupation None					
Name of Wife or Husband Benjamin F. Kretzir						
Father's Name Frederick A. Smith	Father's Birthplace Wash. Co. Md.					
Mother's Maiden Name Elizabeth Feltzachery	Mother's Birthplace Wash. Co. Md.					
Name of person giving information Richard F. Smith	How related to deceased Son-in-law					

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis		How long
Immediate	21		How long
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	E. M. Garrett
		Address	Shamblesbury, Md.
Accident or Suicide?			

Chas. S. Stade
undertaker

Name
in
Full

Chas. Edward Leckron

CERTIFICATE OF DEATH

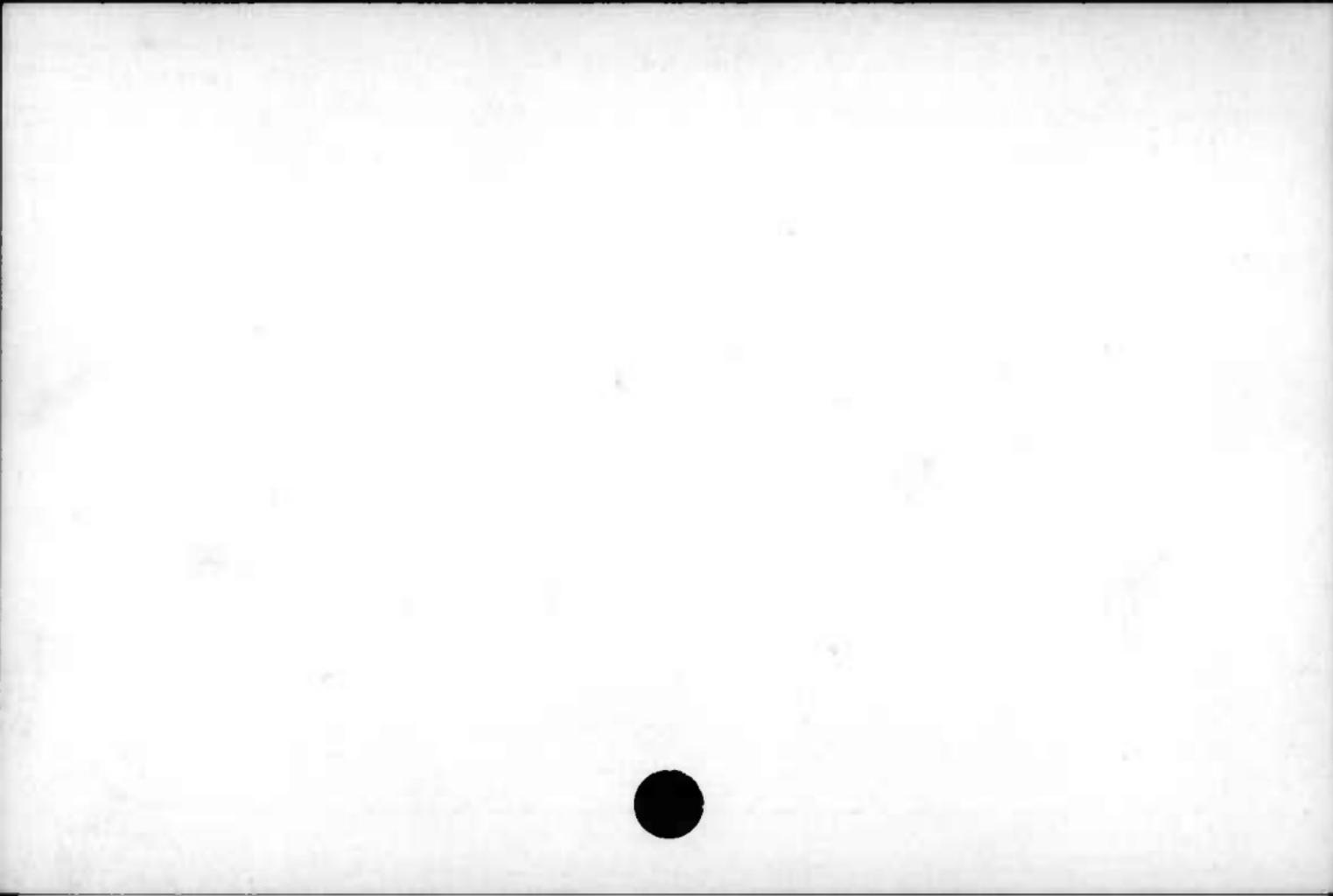
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Died at	Hagerstown	Washington	Years	Months	Days	
Date of death 1903	Month 5	Day 27	Age 1	8		
Sex Male	Color or Race White	Occupation	Maryland			
Married, Single or Widowed	Child	Child				
Name of Wife or Husband	169					
Father's Name	Daniel Leckron			Father's Birthplace	Md	
Mother's Maiden Name	Minnie Sanders			Mother's Birthplace	Md	
Name of person giving Information	Daniel Leckron			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Burned	How long	3 hrs
Immediate	Shock.	How long	3 hrs
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. E. Pittsngale
		Address	Hagerstown 2nd
Accident or Suicide?			



Name
in
Full

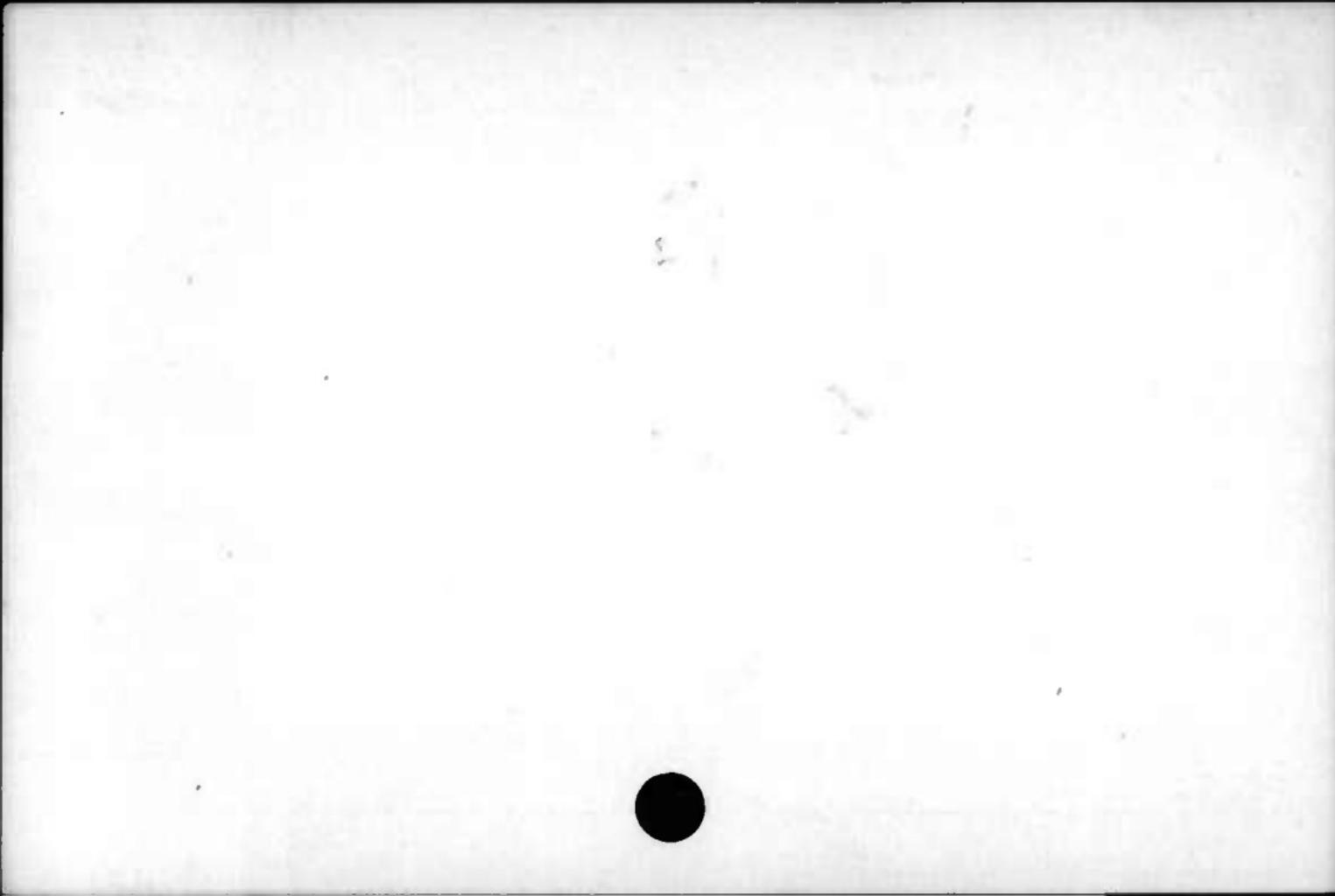
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County,		MARYLAND	
Date of death 1903	Month 5	Day 27	Age 70	Years	Months 5	Days 19
Sex Male	Color or Race White			Birth-place Md		
Married, Single or Widowed Married	Occupation Laborer					
Name of Wife or Husband Sarah E. Lumm				Father's Birthplace	Md	
Father's Name Robert Lumm				Mother's Birthplace	Md	
Mother's Maiden Name Mary Beard				How related to deceased	Wife	
Name of person giving information Sarah Lumm						

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Chronic Endocarditis & Asthma		How long (?)
	Immediate	Syphilitic	78	How long (?)
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Walter Miller / Registration No.	
Address				
Accident or Suicide? No				



Name
in
Full

Leroy McKenna

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Haystow	Washington	
Date of death 1903	Month 5	Day 11	Years —
Age —	Months 6	Days —	
Sex Male	Color or Race Black	Birth-place Md	
Married, Single or Widowed Single	Occupation Child		
Name of Wife or Husband			
Father's Name	John McKenna	Father's Birthplace Md	
Mother's Maiden Name	Hettie Fisher	Mother's Birthplace Na	
Name of person giving information	John McKenna	How related to deceased Father	
CAUSES OF DEATH			
Primary	Spasms	How long 3 days	
Immediate		How long	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

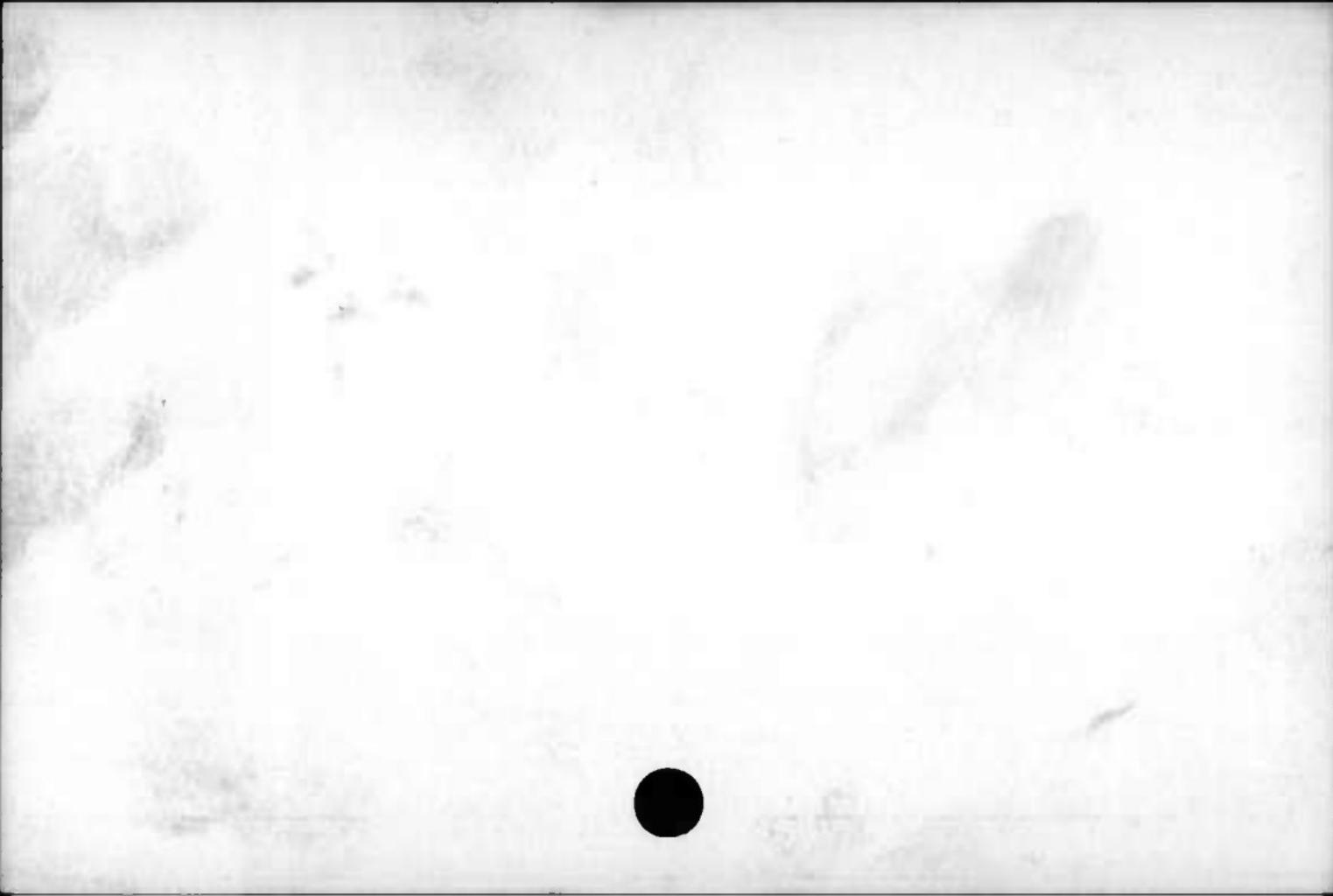
Yes

Signature of Physician

Address

A. Loffman
Funeral Director
Haystow Md.

Accident or Suicide?



Name
in
Full

Lewis L. Mentzer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month 5	Day 31	Years 70	Months 11	Days 11	
Sex Male	Color or Race White	Birth-place Md				
Married, Single or Widowed Married	Occupation Book Binder					
Name of Wife or Husband Mollie Lower						
Father's Name John Mentzer	Father's Birthplace Md					
Mother's Maiden Name Catharine Bear	Mother's Birthplace Pa					
Name of person giving information Mollie Lower	How related to deceased Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cirrhosis of Liver		How long several months
Immediate	Exhaustion		How long one month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Address	O.W. Dague Hagerstown Md
Accident or Suicide?	No		



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Mrs. Annie Minnebraker.

CERTIFICATE OF DEATH

MARYLAND

Died at near Hagerstown

County

Wash.

Date of death 1903 Month May Day 2

Years

64

Months

Days

Sex female Color or Race white

Birth-place

Md.

Married, Single or Widowed

Occupation

H. W.

Name of Wife or Husband

Frederick Minnebraker

Father's Birthplace

Md.

Father's Name Hessey Shantz

Mother's Birthplace

"

Mother's Maiden Name Annie Bean

How related to deceased

Name of person giving information Frederick Minnebraker

husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Heart Disease

✓

How long

Five minutes

Are the name, age, sex, color, date and place correctly given above?

Yes

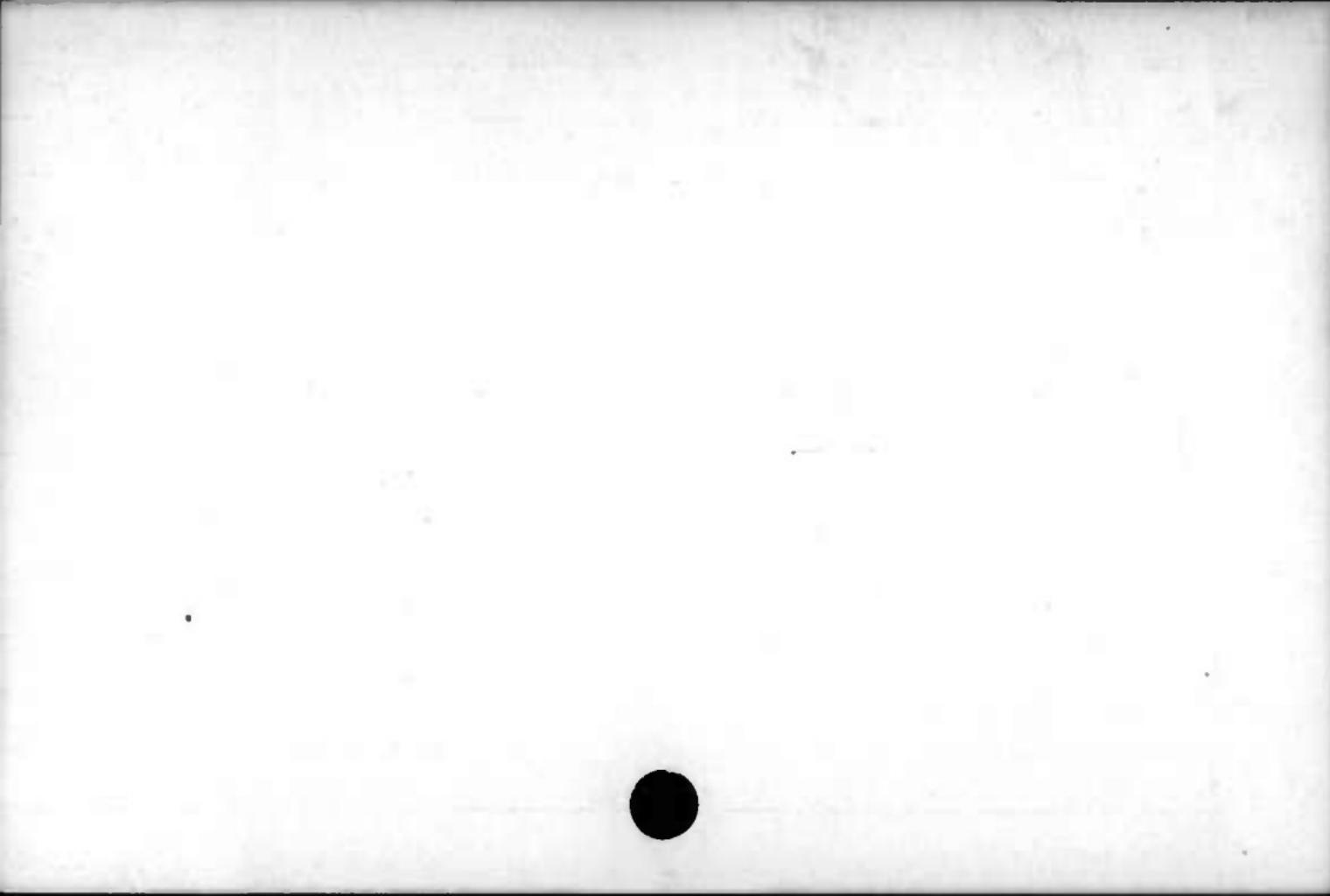
Signature of Physician

Address

Jill Wood

Hagerstown

Accident or Suicide?



Name in Full

Certificate of Death

Frederick Moore

No 138-137

Town

County

Died at near Williamsport-Washington

MARYLAND

Date 1902

Month May

Day 7th

Y. 3.

M. 2.

D. 6

Native of

Washington

Occupation

None

Male

White

Age 55
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 4

Husband of

Wife

Father's

Name

Calvin Moore

Mother's Name

Martha A. Moore

Cause of

Primary

Bad Cold

How long sick

Two weeks

Death

Immediate

Congestion of Lungs

A.S.

Accident, Suicide, Homicide

Reported by

Samuel K. Snively

Address

Williamsport Md

J. M. Miller
Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mrs. Sallie Over

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Washington		MARYLAND		
Date of death 1903	Month May.	Day 13	Age 67	Years	Months	Days 10
Sex	Color or Race	White		Birth-place	Frankstown	
Married, Single or Widowed	Occupation		House Wife			
Name of Wife or Husband						
Father's Name	John G. Miller		Father's Birthplace	Huntingdon Pa		
Mother's Maiden Name	Kitty Newcomer		Mother's Birthplace	Beaver Creek		
Name of person giving information	Sallie Over		How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Prurigo. Brain	
Immediate	Dysentery	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	How long
	Address	6x C. J. Englehardt
Accident or Suicide?		

5500
4400
—
5900

Name
in
Full

Still Born Child of Charles Plummer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Brecksville		Washington	Years	Months	Days
Date of death 1903	Month 5	Day 28	Age		
Sex Male	Color or Race White	Occupation	Birth-place Md		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Charles Plummer	Father's Birthplace			
Mother's Maiden Name	Ella Eakle	Mother's Birthplace			
Name of person giving information	Robert Haucke	How related to deceased	None		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes.	C.R. Schaefer
	Address
Accident or Suicide?	



Martha Marie Roffinbarger
 Town County
 Carrollton Worthington

Died at Carrollton

MARYLAND

1903

Month Day

Y. M. D.

Native of

Occupation

Date 1903

Age 35 4 18

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Dr. J. W. Sleek

Address

Washington, D.C.

Mother's Name

Caroline Jones

How long sick

Two years

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Julia Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month May	Day 21	Age 42	Months	Days
Sex Female	Color or Race Colored	Occupation Housewife	Birth- place Virginia		
Married, Single <u>Single</u>					
Name of Wife Husband	John P. Powell				
Father's Name Fred Morris				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information	John P. Powell			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral hemorrhage

How long

10 hours

Immediate

Exhaustion

How long

10 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Abraham Shank

Clearspring

Washington Co. Md.

Murder or Suicide?



Name
in
Full

Alice V. Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Hagerstown	Washington					
Date of death 1903	Month 5	Day 1	Years 33	Months 9	Days 29	
Sex Female	Color or Race White	Birth-place Md				
Married, Single or Widowed Married	Occupation Housewife					
Name of Wife or Husband John G. Reed						
Father's Name Henry Howard	Father's Birthplace Md					
Mother's Maiden Name Lillian Gandy	Mother's Birthplace Md					
Name of person giving information John Reed 43	How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma, Breast, Carcinoma, Axillary Gland		How long 1 year
Immediate	Septicemia, Exsanguination		How long 1 month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. W. B. Morrison	
		Address Hagerstown Md	
Accident or Suicide? No:			

1903. 5- 12 31
1868 7 2
3.3.9. 29

Name
in
Full

Mrs Susan E Reeder

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 5	Day 25	Years 59	Months 3	Days 15
Sex Female	Color or Race White	Occupation Housewife			
Married, Single or Widowed Married					
Name of Wife or Husband Andrew Reeder				Father's Birthplace Md	
Father's Name David G. Paster				Mother's Birthplace Md	
Mother's Maiden Name Elizabeth Albaugh				How related to deceased Husband	
Name of person giving Information Andrew Reeder					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart disease	79	How long Some weeks
Immediate	acute indigestion	79	How long very short
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Chas. B. Boyle M.D.	Address Hagerstown Md
Accident or Suicide?			

Jim At

Name
In
Full

Mrs Mary E Real

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Keedysville	Town	Washington	County	MARYLAND
Date of death	1903	Month	5	Day	Years
Sex	Female	Color or Race	White	Age	48
Married, Single or Widowed	Married	Occupation	House Wife	Months	2
Name of Wife or Husband	Thomas Real			Days	18
Father's Name	John Grice	Father's Birthplace	Sharpsburg		
Mother's Maiden Name	Mary E Carnay	Mother's Birthplace	Roonsboro		
Name of person giving information	Thomas Real	How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

2 yrs

Immediate

Heart Insufficiency

How long

6 mo.

Are the name, age, sex, color, date and place correctly given above?

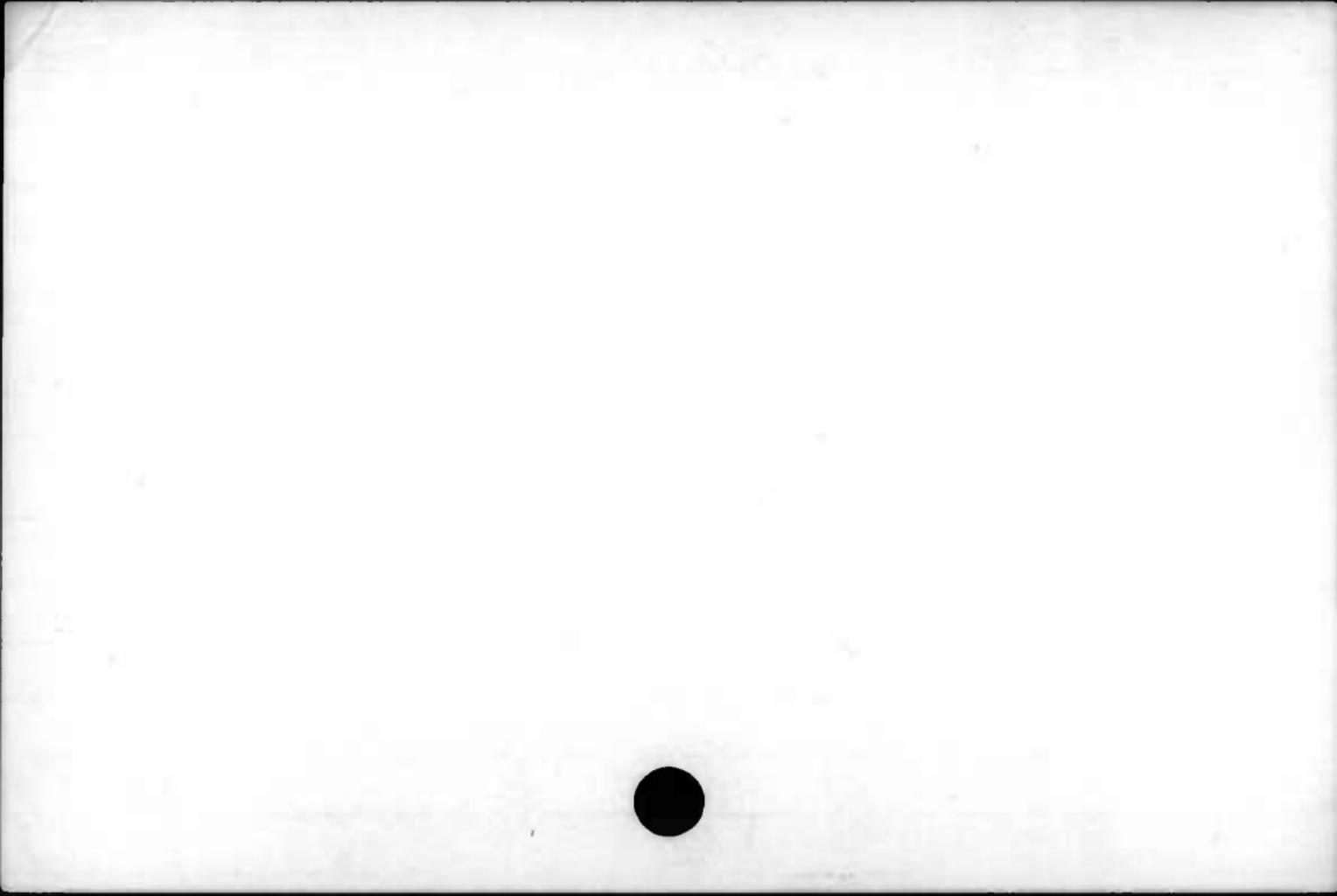
Yes

Signature of Physician

Address

W. H. Nichols
Keedysville Md

Accident or Suicide?



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth- place		
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Luther Rhodes		Father's Birthplace	Md	
Mother's Maiden Name	Fannie Martin		Mother's Birthplace	Md	
Name of person giving Information	Dr. Mason		How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Placenta Previa in mother.

How long

Immediate Hemorrhage

How long

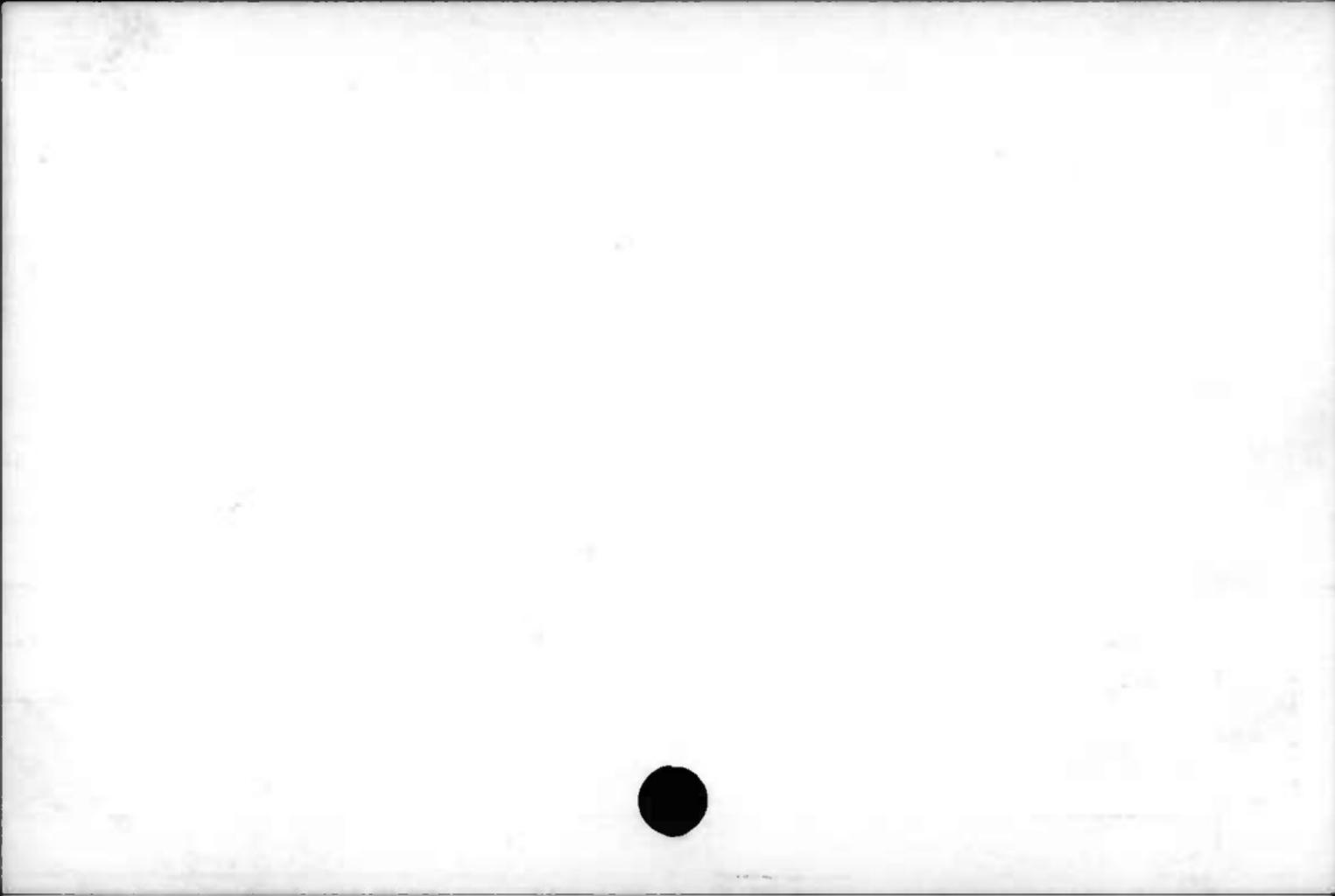
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

C. J. Mason, M.D.
Clearspring
Md

Accident or Suicide?



Name
in
Full

Jacob Kidder

CERTIFICATE OF DEATH

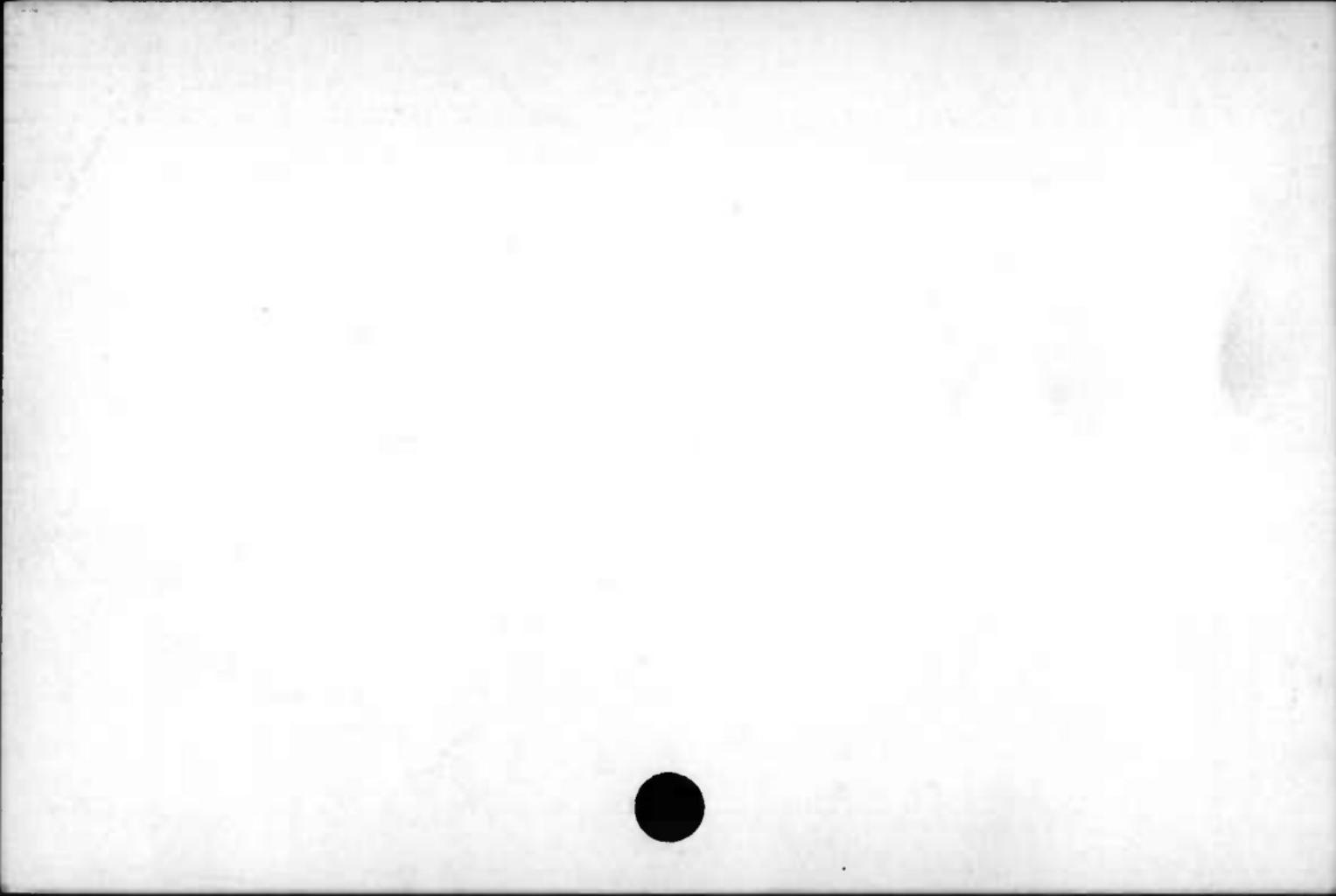
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 5	Day 23	Years 82	Months 11	Days 14
Sex Male	Color or Race White	Birth-place Md			
Married, Single or Widowed	Occupation				
Name of Wife or Husband	Jane M. Grumper				
Father's Name	Jacob Kidder		Father's Birthplace		
Mother's Maiden Name	Dallie Rose		Mother's Birthplace		
Name of person giving Information	Dallie Kidder		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senility		154	How long 6 mos.
Immediate	Heart Failure			How long 1 week
Are the name, age, sex, color, date and place correctly given above?	Yrs	Signature of Physician	G.E. Murray MD	
		Address	45 Jonathan St Hyattsville Md	
Accident or Suicide?				



Name
in
Full

Elizabeth B. Roulette

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1903	Month May	Day 9	Age 73 Years	Months 1 Days 19
Sex Female	Color or Race White	Birth-place Millersburg, Pa		
Married, Single <input checked="" type="checkbox"/> Widowed		Occupation		
Name of Wife or Husband		Wm Roulette (Dec'd)		
Father's Name	Isaac Gearhart		Father's Birthplace	Pa
Mother's Maiden Name	Susan Vogel		Mother's Birthplace	Philadelphia
Name of person giving information	Eugene G. Smith		How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Debility		How long
Immediate	Pneumonia 43		How long 7 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician D. H. Gardner	
		Address Shoofsbury - Md.	
Accident or Suicide?			

Chas. S. Wade

Undertaker

Name
in
Full

Charlotte Schindel

CERTIFICATE OF DEATH

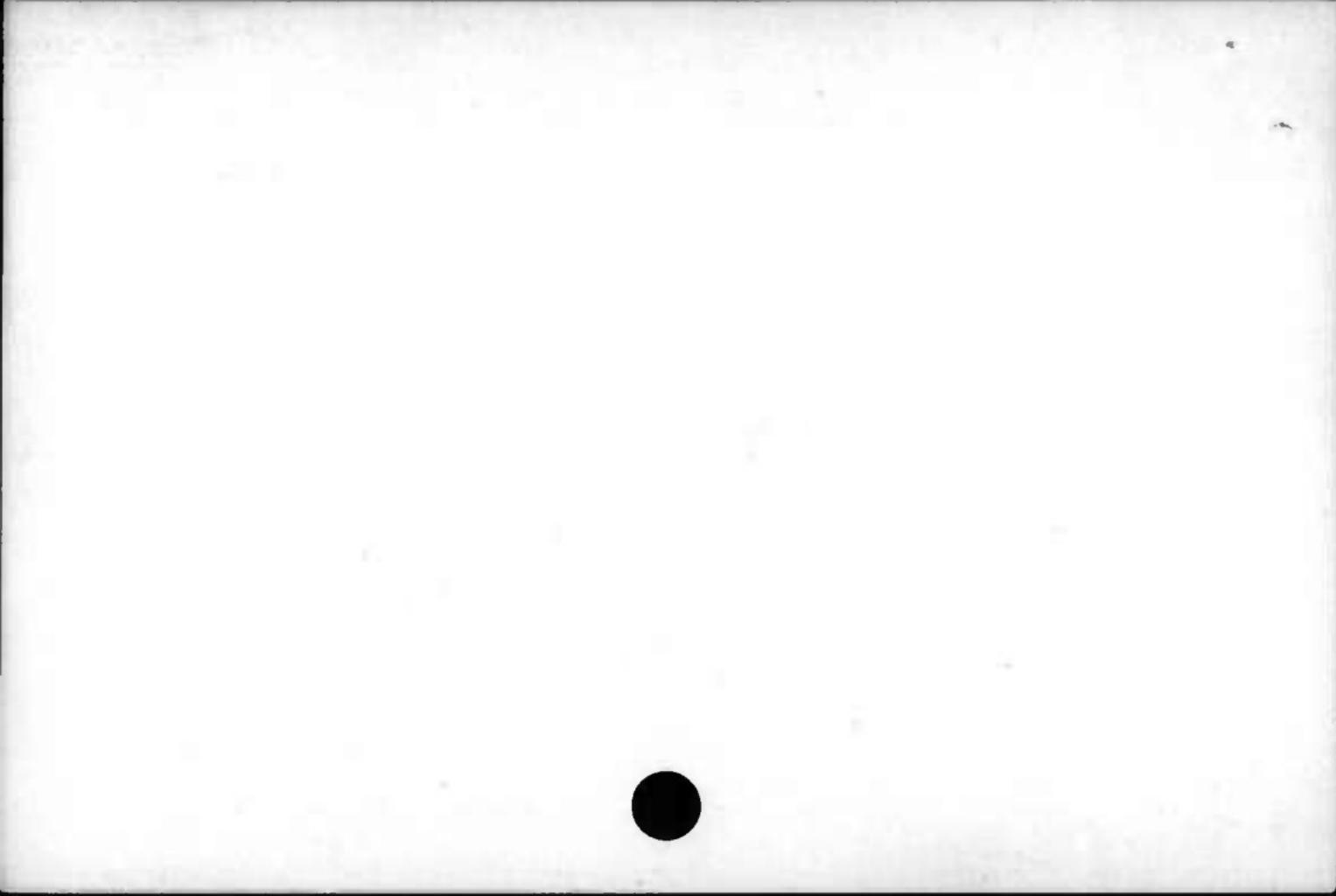
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 190	Month	Day	Years	Months	Days	
3 May	9	Age	14	3	-	
Sex female	Color or Race	Birth-place			Md.	
Married, Single or Widowed	single	Occupation	child.			
Name of Wife or Husband						
Father's Name	S. Milford Schindel			Father's Birthplace	Md.	
Mother's Maiden Name	Annie Winger			Mother's Birthplace	Pa.	
Name of person giving information	L M Schindel			How related to deceased	father.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Xysticaria 20	How long	4 day
Immediate	Warmsic Convulsions	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E C Wadsworth
		Address	Hayneswood Md
Accident or Suicide?			



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

03

Month

Day

Y.

M.

D.

Age
Married72.6.29
Widower

Native of

Occupation

Sharpsburg Washington

Female

White
Colored

Single

Divorced

Number of children living

Three

Husband of

Wife

Father's

Name

James A. Seaman

Mother's

Andrew Snyder

Maiden Name

Doris known

Cause of

Primary

Essential Debility

How long sick

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

S. Howell Gardiner 93

Address

Sharpsburg - [Redacted] No

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Eugene Marker
Undstcker

Name
in
Full

Basil B Seibert

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 8	Day 16	Age 77	Years	Months Days
Sex Male	Color or Race White	Occupation Farmer	Birth-place Maryland		
Married, <input checked="" type="checkbox"/> Widowed <input type="checkbox"/>					
Name of Wife or Husband Miss Schrebley					
Father's Name Michael Seibert				Father's Birthplace Wash Co	
Mother's Maiden Name Elizabeth Brewer				Mother's Birthplace	
Name of person giving information Jos. Seibert				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral Hemorrhage

How long

6 months

Immediate

A second attack

How long

24 hours

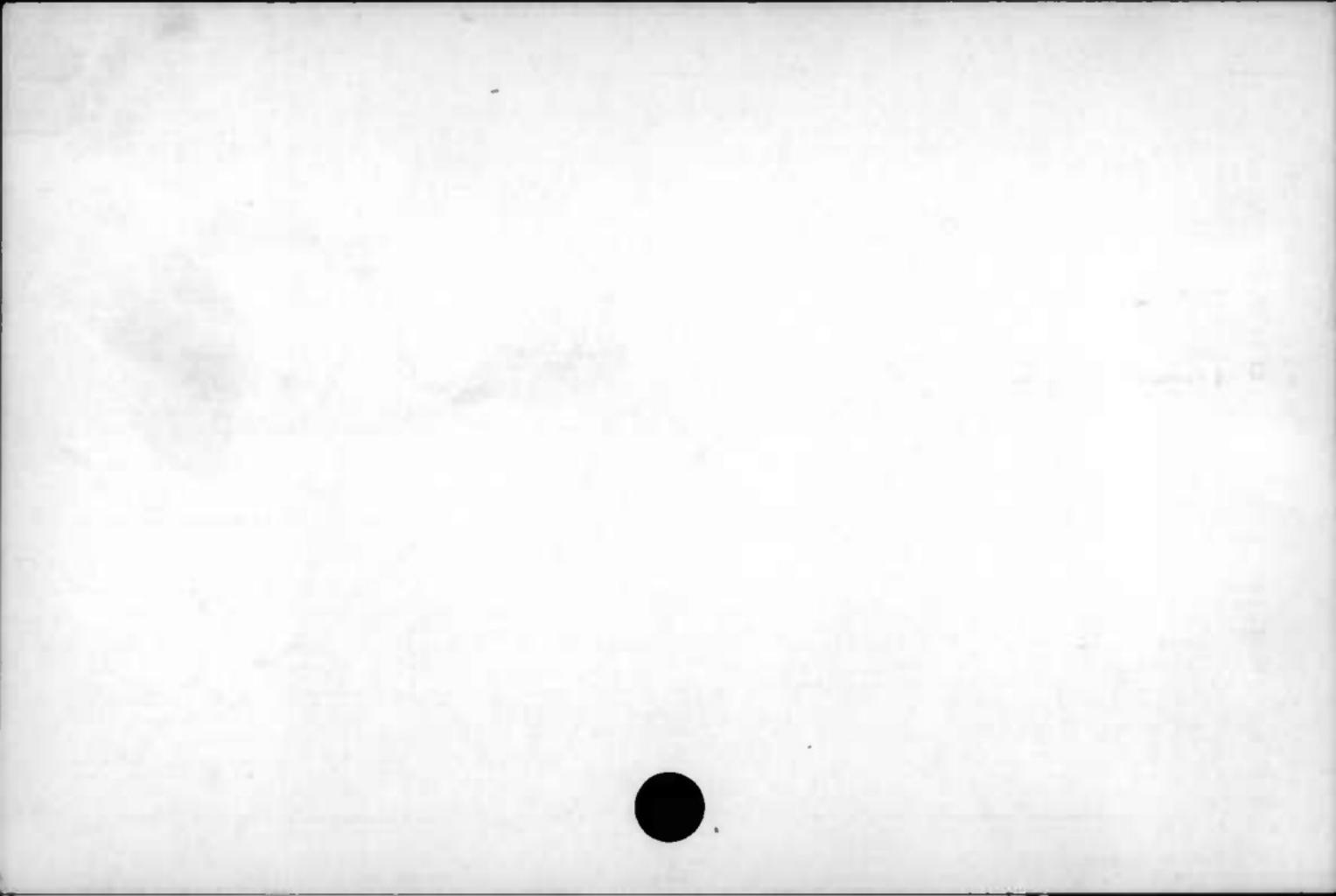
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Abraham Shanks
Clearspring Md

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Sidney Marconi Sharter

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
3 May	Month	Year	Months	Days	
Age					
Sex	Color or Race	Birth-place			
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	William H. Sharter			Father's Birthplace	Mid.
Mother's Maiden Name	Hermel Diggs			Mother's Birthplace	Mid
Name of person giving information	Jenningsham Diggs			How related to deceased	Grandfather

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Capillary Bronchitis	How long	92
Immediate	cause meningitis	How long	

Are the name, age, sex, color, date and place correctly given above?

Yes

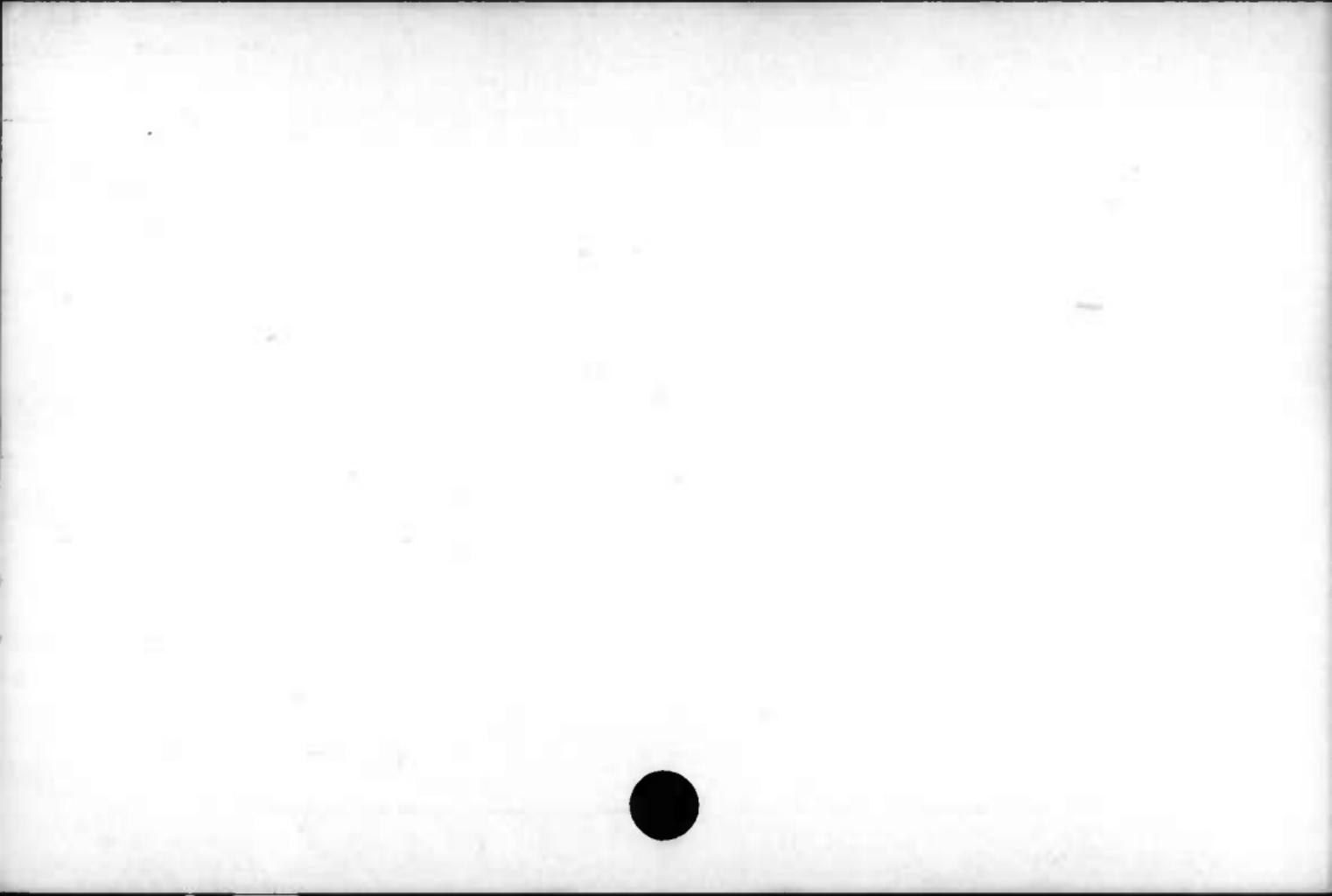
Signature of Physician

D. M. Reichard

Address

Fairplay Washington

Accident or Suicide?



Name
in
Full

Mary E Stahl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month 8	Day 16	Age 60	Years	Months -
Sex Female	Color or Race White	Occupation House work	Birth- place Pa	Days -	
Married, Single or Widowed Single					
Name of Wife or Husband John Stahl					
Father's Name William Mackay				Father's Birthplace Pa	
Mother's Maiden Name Eleonora Mackay				Mother's Birthplace Pa	
Name of person giving Information John Stahl				How related to deceased Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Consuming & Heart Disease	How long 2 Yrs
Immediate Heart failure	How long 27
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician H. S. Den M.D.
	Address Hagerstown Md.
Accident or Suicide?	

J

Name in Full

Certificate of Death

Ellen Stuart

139

Died at Williamsport, Washington County — MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
03	May	31 st	63	yo	29 th	Maryland	Retired
Male		White	Married		Widow	_____	
Female		Colored	Single		Widow	Number of children living	

Husband of B F Stuart.

Wife Father's Name Isaac Thompson Mother's Name Rebecca Dick

Cause of Death Primary Chronic diarrhea How long sick 5 weeks

Death Immediate Exhaustion, 10^b Accident, Suicide, Homicide

Reported by Dr. Boosey

Address Williamsport, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J M Miller
Undeclared

Name
in
Full

John W. Vaughan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	53	2	20
Married, Single or Widowed	Occupation				
Name of Wife or Husband	Virginia Vaughan				
Father's Name	John W. Vaughan				
Mother's Maiden Name	Nancy D. Eibler				
Name of person giving Information	L. M. Vaughan				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

11 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

How long

Accident or Suicide?

S. S Room & piano
Organ for pupils

on nights
without
extra bed



Philadelphia

Name
in
Full

Sue Pearl Webster

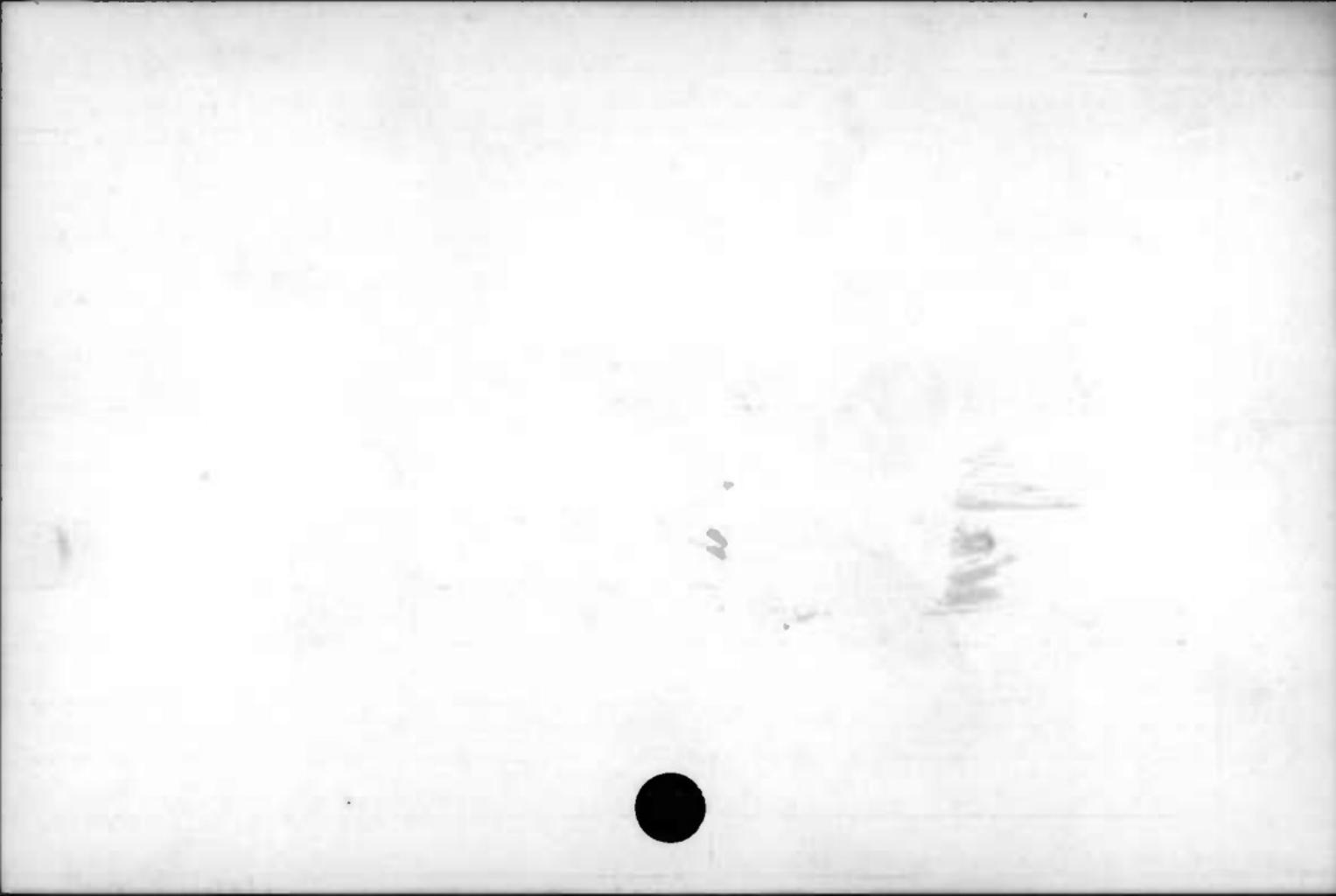
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Tow.	County	MARYLAND
Date of death 190	Month	Day	Years Months Days
Sex	Female	Color or Race	Black Birth-place Washington
Married, Single or Widowed	Single	Occupation	House work D.C.
Name of Wife or Husband			
Father's Name	Addison Webster	Father's Birthplace	Washington
Mother's Maiden Name	Ida Mackay	Mother's Birthplace	Haystoun
Name of person giving information	Cora Mackay	How related to deceased	Aunt

CAUSES OF DEATH

Primary	Tuberculosis	How long	1 yr
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	E G Marlowe	
	Address	Haysontown	
Accident or Suicide?			



Name
in
Full

W. Milton Whitmore

CERTIFICATE OF DEATH

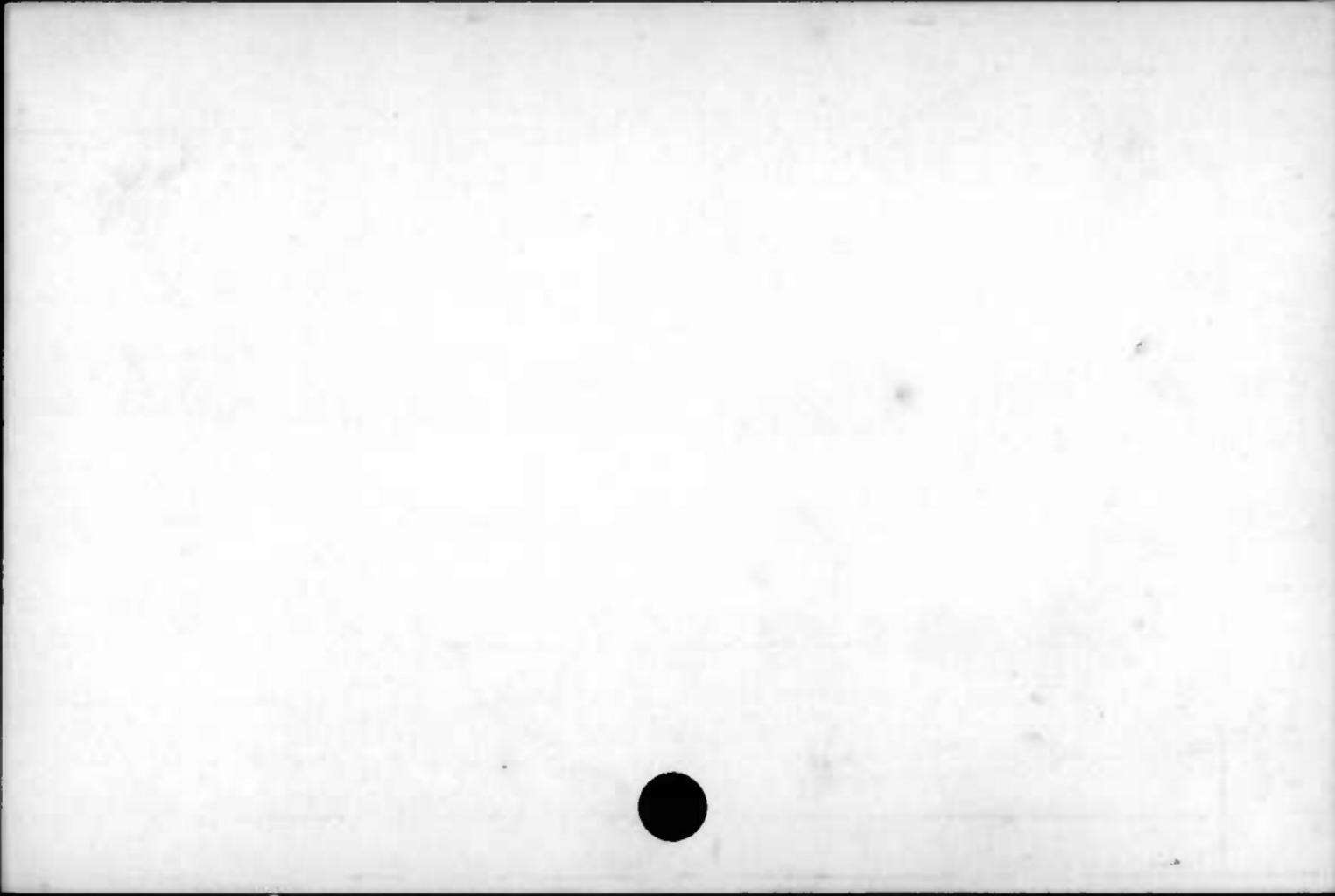
To BE ANSWERED BY
NEAREST FRIEND

Died et Date of death 1908	Town Hancock.	County wash ~	MARYLAND
Month 5	Day 15	Years	Months
Sex Male	Color or Race white	Age	Days
Married, Single or Widowed Single	Occupation <i>Surgeon</i>		
Name of Wife or Husband			
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving Information	172	How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Drowning	How long 1/2 hour
Immediate	Suffocation	How long 1/2 hour
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Address Jewell, Hancock Md.
Accident or Suicide?	Accident	



Name
in
Full

Hannie May Wolf

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days		
Sex Female		Color or Race	Age 29	Birth- place Md.			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Daniel Wolf			Father's Birthplace	Md	
Mother's Maiden Name		Ann Maria Rowland			Mother's Birthplace	Md	
Name of person giving Information		Wm R. Wolf			How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Aortic Stenosis & Insufficiency	How long	20 years
Immediate	Acute Bronchitis, Cardiac Paroxysms	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	U. M. Reichard
		Address	Fairplay Washington Co.
Accident or Suicide?			

